

For Accommodations Tax Committee Use Only		
Amount Requested		
Date Received		
File # 25-26		
Date Reviewed		
Information Complete		
Need More Information		
Date Contacted		
Amount Awarded		
Date Notification Sent		

ACCOMMODATIONS TAX FUNDING PROGRAM CITY OF CAMDEN, SOUTH CAROLINA FUNDING APPLICATION

THE APPLICATION MUST BE TYPED AND RETURNED WITH 1 original and 7 copies.

DEADLINE: Applications MUST BE RECEIVED by the City of Camden by 5 p.m. Friday, April 25, 2025.

• •		
Name of the Project:		
1. Sponsor(s) Name:		
	Email:	
Mailing Address:		
2. Project Coordinator:		
	Email:	
Mailing Address:		
3. Project Coordinator		
Telephone	Email:	
Mailing address		
4. Organization Federal ID Number	Organization Name Yes NO	
Are you a non-profit organization?	Yes NO	
	ugh this Accommodations Tax Funding Program in the past	
Yes	No	
If yes, please list the amount received o	during the fiscal year listed below:	
July 2022-June 2023 July	y 2023-June 2024 July 2024-June 2025	
6. Project Category:		
Advertising & Promotion of Tou	rism Destination	
Advertising & Promotion of Arts	s/Cultural Events	
Advertising & Promotion of Larg	ge Tourist Events	

NOTE: Project Date <mark>must occur</mark> during the City of Camden's fiscal year July 1, 2025 - June 3	0, 2026
Please select one of the following:	
One Time Project	
Ongoing Project	
New Project	
Existing Project	
7. Is the program/event located within the City of Camden's corporate limits?	
Yes No	
Site / Location of the Project:	
8. Funding information	
A. Total Budget for Event/Program	
B. City of Camden ATAX Requested	
C. Applicant Funds Provided:	
(Including any other monies or grants)	
9. Description of the Project: General Description	
Enter text here:	
Specifically how will this project benefit the economy in Camden? (Be detailed in your jus attach a separate sheet of paper if necessary.)	tification and
Enter text here:	
How does this project attract state, region, and/or national audiences? (Be detailed in or and attach a separate sheet of paper if necessary.)	ur justification
Enter text here:	

	d: the fund to be received	ed.		proved and the amo	Julit Oi
		Requested	Approved	Amount	
Accommo	dations Tax	·			
City of Car	mden				
Kershaw C	County				
Private Fu	inds/Grants				
Donations	5				
SCPRT					
Other (Ple	ease list)				
	<u> </u>				
Total Antic	cipated Program Revenue	9	\$_		
11 Estimated total att	endance for new or one	time project/program	12		
	e last time project was h			 Year	
	ttendance for new or on	•			
	endance the last time pro			 Year	
	examples on which City o	•			itamiz
 Magazine ads Newspaper ads Television ads Radio ads Billboards Website/digita Social Media Other – (please 					
14. Statement of Assur					
	is awarded funding, we	= -	_		
• • • • • • • • • • • • • • • • • • • •	any and all records perta		r inspection by	the City of Camden	i
Accommodations Tax C	Committee upon request				
Projec	ct Coordinator Name (Typed)		Date		
Pro	oject Coordinator Signature		Date		
Admini	istrative Official Name (Typed)		Date		

SUBMIT APPLICATION TO:

City of Camden Accommodations Tax Committee

ATTN: Rickie Good 1000 Lyttleton Street Camden, SC 29020 DEADLINE for application is 5 p.m. Friday, April 25, 2025.

15. List, in detail below - what items and the cost of the items for which you are requesting A-Tax funds. (Do not list all program expenditures). **List only those funds that A-Tax will be used for payment.**Attach a separate sheet of paper as necessary.

Example:

Quantity	Description	Cost
1	1/2 Page Ad – Charleston Magazine	\$1,300
3	Facebook Boosted Ads \$80.00 ea.	\$240

List

Quantity	Description	Cost

TOTAL