

PICKENS COUNTY

SOUTH CAROLINA

ACCOMMODATIONS TAX FUNDING APPLICATION FISCAL YEAR 2023-2024

I. APPLICANT

Name of Organization:

Address:

II. FUNDS REQUESTED

ATAX Funds Requested \$

How will ATAX Funds be used?

Estimated percentage of costs directly attributed to attracting or serving tourists?

Funds furnished by your organization:

Matching Grant: \$

Source:

Matching Grant: \$

Source:

Other Funding: \$

Source:

Other Funding: \$

Source:

Provide an itemized total budget for your project and an itemized budget reflecting only how ATAX funds will be spent. THIS IS REQUIRED, attach on a separate sheet

III. NARRATIVE PROJECT DESCRIPTION (continue on separate sheet if needed)

Project Title:

Description of project:

Who will benefit from this project?

IV. DATES OF PROJECT

Beginning:

Ending:

V. APPLICANT CATEGORY

Government Entity:

Non-profit Organization: Incorporation date:

Eleemosynary Organization under IRS Code: IRS

#: Date of Determination Letter:

Tax ID#:

Please submit a W9 with your application

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Pickens County?

How many visitors/participants attended the event/project last year and are anticipated this year?

Last Year: This Year:

How many of the visitors/participants were from beyond a 50 mile radius of Pickens County last year and are anticipated this year?

Last Year: This Year:

How many overnight stays were created by this project last year and are anticipated this year?

Last year: This Year:

How do you plan to advertise this event/project beyond a 50 mile radius of Pickens County?

What other documentation can you provide demonstrating this event/project promotes tourism in Pickens County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics)

VII. AUDIT

Does your organization perform an independent audit?

Yes:

No:

Name of the Auditor:

I have read the guidelines for the Pickens County Accommodations Tax Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete a final report no later than 60 days after completion of project. All information required for final reporting MUST be detailed when project is complete.

Contact Name:

Title:

Signature:

Date:

Address:

Email:

Phone Number(s):

Alternate Contact Name:

Title:

Signature:

Date:

Address:

Email:

Phone Number(s):

ORIGINAL AND 10 (TEN) COPIES OF APPLICATION MUST BE RECEIVED BY 5:00PM, Friday, April 26, 2024

Allison Fowler, Director
Pickens County Community & Tourism Development
222 McDaniel Avenue
Pickens, SC 29671
afowler@pickenscountysc.gov

ADVISORY COMMITTEE USE ONLY

Date Received _____ Complete Yes No

Additional Information Needed _____

Recommended Yes No

Date Applicant Notified:
