



For Accommodations Tax Committee Use Only

Amount Requested: _____
Date Received: _____
File #17-18: _____
Date Reviewed: _____
Information Complete () _____
Need More Information () Date Contacted: _____
Amount Awarded: _____
Date Award Notification Sent: _____

**STATE ACCOMMODATIONS TAX FUNDING PROGRAM
CITY OF NORTH AUGUSTA
NORTH AUGUSTA, SOUTH CAROLINA
FUNDING APPLICATION**

APPLICATION MUST BE TYPED

DEADLINE: Received no later than **Friday, November 1, 2019 by 5 pm.** Applicant must follow the procedures in the City of North Augusta State A-tax Handbook when completing this application.

1. Name of Project: _____

2. Project Category:

- () Advertising & Promotion of Tourism
- () Advertising & Promotion Arts/Cultural Event
- () Advertising & Promotion of Large Tourist Event

3. Detailed description of the project to include your targeted audience (if additional space is needed, please use an additional piece of paper) : _____

4. Project Date (**must occur between December 1, 2019 – June 1, 2020**): _____

() One-time project () Ongoing project () New Project () Existing Project

5. Project location (physical location): _____

Is the project located within the City of North Augusta's corporate limits? () Yes () No*

*If you answered NO, approximately how far (distance is your event from the City limits? _____ miles)

6. Name of Non-Profit Organization/Sponsor: _____

Name of Administrative Official: _____

Telephone: _____ Fax: _____ E-mail: _____

Mailing Address: _____

City

State

Zip Code

The signatures required from the Project Coordinator and the Non-Profit Organization/Sponsor cannot be the same person.

7. Type of Organization:

a. ___ Government Entity: () Agency, () Board () Commission

b. ___ 501C Organization (non-profit)

Proof of Non-profit Status from IRS or the State of SC as registered with the Internal Revenue Service must be attached to this application (even if you have submitted an application in the past).

8. Non-Profit Organization/Sponsor Federal ID Number: _____

9. Project Coordinator: _____

Telephone: _____ Fax: _____ E-mail: _____

Mailing Address: _____

City

State

Zip Code

10. What non-financial partnerships do you have for this event? What role will these groups play?

11. Total attendance the last time the ongoing project was held: _____

How was this number determined? _____

Total **tourist** attendance the last time the ongoing project was held: _____

How was this number determined? _____

Total Room Nights Generated the last time this event was held: _____

How was this number determined? _____

**if this is a new event please give estimated attendance/room night figures with justification

“A tourist is defined as someone who travels more than 50 miles one way to attend an event and stays overnight in paid or unpaid accommodations or someone who plans a day trip to places 50 miles or more, one way, from their home.”

12. Specifically describe how this project will benefit the economy in the City of North Augusta in the areas listed below. Be specific & detailed in your justification and attach a separate sheet of paper if necessary.

Dining Out: _____

Shopping: _____

Entertainment: _____

Other: _____

13. What types of marketing will be included in your plan as outlined in this application?

(Check all that apply.)

_____ Rack Cards

_____ Cable/Television Ads

Digital Advertising (check all that apply)

_____ Brochures

_____ Radio Ads

_____ Event Website

_____ Magazine Ads

_____ Billboards

_____ Facebook Ads

_____ Newspaper Ads

_____ Online Newspapers/Magazines

_____ Google/Bing Ads

_____ Other (Please Explain) _____

14. Event/Project Operational Budget: \$ _____

(This is not how much you are requesting from the City of North Augusta State A-tax Grant Program, but what it costs to operate your event/project in its entirety).

15. a. City of North Augusta (State) A-tax Marketing Funds Requested: \$ _____

b. Applicant Marketing Funds Provided (Not A-tax): \$ _____

16. Revenue Sources: Please check all sources of revenue that are pending or approved and the amount of funds to be received:

	Pending	Approved	Amount
() State Accommodations Tax: City of North Augusta	_____	_____	\$ _____
<u>(this amount should be the same as the total listed under number 17a)</u>			
() Aiken County Accommodations Tax:	_____	_____	\$ _____
() Private Funds/Grants:	_____	_____	\$ _____
() Donations:	_____	_____	\$ _____
() SC Parks, Recreation, and Tourism: Tourism Advertising Grant (TAG)	_____	_____	\$ _____
() Admissions:	_____	_____	\$ _____
() Merchandise Sales:	_____	_____	\$ _____
() Other (please list): _____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL ANTICIPATED PROGRAM REVENUE			\$ _____

To complete your application, please complete the attached marketing spreadsheet and submit it as an attachment to your application.

19. Statement of Assurances

If the grant application is awarded funding, we agree, as representatives of the organization named in this application, to provide any and all records pertaining to this grant for inspection by the City of North Augusta State Accommodations Tax Committee upon request. In addition, we agree to and will adhere to all guidelines regarding the use of the City of North Augusta logo in our advertising materials. The signatures required from the Project Coordinator and the Non-Profit Organization/Sponsor **cannot** be the same person.

Project Coordinator's Name (typed) _____
Date

Project Coordinator's Signature _____
Date

Non-Profit Organization/Sponsor Administrative Official's Name (typed) _____
Date

Non-Profit Organization/Sponsor Administrative Official's Signature _____
Date

RETURN TO:

City of North Augusta
State Accommodations Tax Funding Program
P.O Box 6400
North Augusta SC 29861
Attn: Mandy Nelson

Deadline:
Friday,
November 1, 2019
by 5 pm