

2018-2019 STATE ACCOMMODATIONS TAX FUNDING PROGRAM

LETTER OF INTENT FORM

Sponsor's name: _____

Contact Person and Title: _____

Contact's Email: _____ (applications will be emailed to this address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Tax Status (501©3, Governmental unit, Church/ Religious organization, other) _____

Grant Amount Requested: \$ _____ (cannot exceed 50% of total)

Total Project Amount: \$ _____

Project Category (check one)

- Destination Advertising/Promotion
- Tourism-Related Event
- Tourism-Related Facility
- Tourism-Related Public Service
- Tourist
- Waterfront
- Operation of Visitor Center
- Public
- Erosion/
- Transportation
- Control/
- Repair

Project Period: Begin _____ End _____ (must be within June 1, 2020 – June 30, 2021)

Project Title: _____

Briefly describe the proposed project and include a project budget estimate:

an additional sheet of paper is accepted

Signature of Administrative Official

Title

Printed Name

Date

Please mail form to : **Attn: Mandy Nelson**
NAPRT
PO Box 6400
North Augusta , SC 29861

mnelson@northaugusta.net

The Letter of Intent form must be received by February 10, 2020 by 5:00pm.