



FY20-21 STATE ACCOMMODATIONS TAX FUNDING PROGRAM

LETTER OF INTENT FORM

Organization'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 Public Transportation
- Operation of Visitor Center

Project Period: Begin _____ End _____ (must be within January 1, 2022 – December 31, 2022)

Project Title: _____

Briefly describe the proposed project and include a project budget estimate: (An additional sheet of paper is acceptable)

Signature of Administrative Official *Title*

Printed Name *Date*

Please mail form to: **Attn: Sharon Lamar** or email to: slamar@northaugusta.net
City of North Augusta
PO Box 6400
North Augusta, SC 29861

The Letter of Intent must be received by Monday, November 1, 2021 at 5:00 p.m.