**STATE ACCOMMODATIONS TAX**

**FUNDING PROGRAM**

**CITY OF NORTH AUGUSTA**

**NORTH AUGUSTA, SOUTH CAROLINA**

**FY 23-24 GRANT APPLICATION**

***(Application must be typed)***

**DEADLINE:** Applications must be received no later than **Tuesday November 12, 2024 at 1:00 p.m.** Applicants must follow the procedures in the *City of North Augusta State Accommodations Tax Funding Program Application Handbook* when completing this grant application. A project representative must attend a “Question & Answer Session” with the committee on **Tuesday, November 19, 2024 at 10:00 a.m.** at the City of North Augusta Municipal Center.

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| Amount you are requesting: |  |
| Project Title: |  |
| Project Location: |  |

This is a 50/50 matching reimbursement program. Applications must match 50% of the funds requested.

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| --- | --- | --- |
| Name of Organization |  | |
| Contact Name and Title |  | |
| Mailing Address |  | |
| Street Address (if different) |  | |
| Phone Number |  | |
| City, State and Zip Code |  | |
| Email Address |  | |
| Website |  | |
| How long has your organization been in existence? | |  |

**Project Category (check one)**

Destination Advertising/Promotion Tourist Public Transportation

Tourism-Related Event Tourism-Related Facility

Operation of Visitor Center

Tourism-Related Public Service

***To qualify for this grant, projects must be able to justify how their project will attract visitors from over 50 miles.***

Project Period: Begin      End

***(Must be within January 1, 2025 – December 31, 2025)***

**Tax Status (check one)**

Tax-exempt charitable organization (501c3)

Other Tax-exempt (specify status) Church/Religious organization

Unincorporated association Other (specify)

Governmental unit

Federal State Local

Briefly state the history and mission of your organization.

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Please give a detailed description of your project and include your target audience.

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| ESTIMATED TOTAL ATTENDANCE: | ESTIMATED TOURIST: |
| ESTIMATED ROOM NIGHTS: | ESTIMATED MEALS: |

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| DESCRIBE HOW YOUR ORGNIZATION DETERMINED THE NUMBERS ABOVE: |

**Please fill out the amount of grant funds requested in your project category**

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|  | **AMOUNT REQUESTED** |
| **Advertising or promotion related to tourism development**  **(Check all that apply)**  Television Radio  Newspapers Websites  Magazines Rack Cards  Billboards Mailings (Out of City)  Visitor’s Guide Other (Specify) | **$** |
| **Promotion of the arts and cultural events**  **Specify:** | **$** |
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| **Construction, maintenance, and operation of facilities for civic and cultural activities**  **Specify:** | **$** |
| **Law enforcement, fire protection, solid waste collection, and**  **health facilities when required to serve tourist and tourist facilities**  **Specify:** | **$** |
| **Public facilities such as restrooms, dressing rooms, parks, and**  **parking lots**  **Specify:** | **$** |
| **Tourist shuttle transportation**  **Specify:** | **$** |
| **Operating visitor information centers**  **Specify:** | **$** |
| **TOTAL REQUEST** | **$** |

List funds/ budget for the project for FY 23-24 and the sources of these funds. *(Be sure to include any other A-Tax funds requested or received from other municipalities.)*

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| **SOURCE** | **AMOUNT** | **Pending or Received** |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
| **TOTAL** | **$** |  |

*This is a 50/50 matching reimbursement program. Applications must match 50% of the funds requested.* ***The applicant pays up front then receives up to 50% back in a reimbursement check****.*

**TOURISM IMPACT**

Please explain how your project, event, or program attracts visitors **(over 50 miles)** to the area and promotes tourism. Discuss the activities or project in detail, and give timetable for implementation. Include past attendance numbers and room nights generated if applicable.

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***An additional sheet of paper may be attached, if needed.***

Describe how the program will be evaluated. Include methods of measuring tourism impact, and the data collection methods.

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***An additional sheet of paper may be attached, if needed.***

Describe how this project will benefit the economy in the City of North Augusta.

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***An additional sheet of paper may be attached, if needed.***

**MARKETING AND MEDIA INFORMATION**

Marketing and media information is requested to show how your organization will use advertising and promotion of tourism to increase tourism in North Augusta. ***Any marketing materials must have the City of North Augusta Logo, if grant is approved****.* Please list the marketing and media coverage for your project for coverage outside of the City of North Augusta. ***(Over 50 miles)***

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***An additional sheet of paper may be attached, if needed.***

**Each applicant will be required to participate in the “Question and Answer Session”:**

Before funding is approved, a project representative will interview with the City of North Augusta State Accommodations Tax Advisory Committee to discuss the project application on **Tuesday, November 19, 2024 at 10:00 a.m.** All questions regarding the application will be discussed at this time.

**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.

Project Coordinator

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Name (typed) Signature Date

Non-Profit Organization/Sponsor Administrative Official’s

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Name (typed) Signature Date

**MAIL TO:**

**City of North Augusta**

**Complete applications must be received by:**

**Tuesday,**

**November 12, 2024**

**by 1:00 p.m.**

**State Accommodations Tax Funding Program**

**P.O Box 6400**

**North Augusta, SC 29861**

**Attention: Jamie Paul, City Clerk**

**OR**

**DELIVER TO:**

**City of North Augusta Municipal Center**

**State Accommodations Tax Funding Program**

**100 Georgia Avenue, Third Floor**

**North Augusta, SC 29841**

**Attention: Jamie Paul, City Clerk**