



**TOWN OF FORT MILL, FORT MILL, SC**  
**STATE ACCOMMODATIONS TAX**  
**GUIDELINES AND APPLICATION FOR 2017-2018 BUDGET**

The Town of Fort Mill, South Carolina is now accepting State Accommodations Tax funding applications for the 2017 budget. Attached is a copy of this year's application and guidelines. Applications may be submitted after **July 10, 2017** and must be received at Town Hall located at 200 Tom Hall Street, Fort Mill, SC 29715 no later than **3:00 PM on August 1, 2017**.

*\*Be advised that organizations submitting applications for State Accommodations Tax funding are advised that all materials submitted to this office are subject to the Freedom of Information Act.*

**PROGRAM DESCRIPTION AND GUIDELINES**

Per South Carolina Code Sections 6-4-10 and 6-1-730 the revenues from the state accommodations taxes may only be used for the following tourism-related expenditures including:

1. Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity
2. Promotion of the arts and cultural events
3. Construction, maintenance, and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities;
4. The criminal justice system, law enforcement, fire protection, solid waste collection, and health facilities when required to serve tourists and tourist facilities. This based on the estimated percentage of the costs directly attributed to tourists;
5. Public facilities such as restrooms, dressing rooms, parks and parking lots
6. Tourist-shuttle transportation;
7. Control and repair of waterfront erosion, including beach renourishment
8. Operating visitor information center.

**ELIGIBLE APPLICANTS**

- Applicant organizations and/or projects must be located in the Town of Fort Mill, or, if located outside the Town, must sponsor programs within the Town of Fort Mill.
- Applicants must submit a complete application within the time allocated.
- Applicants must provide proof of their federal employer identification number as registered with the Internal Revenue Service.
- Applicants must provide proof of nonprofit status. Please attach to this application.
- Fort Mill will not award State Accommodations Tax funds to individuals, religious organizations, or political advocacy campaigns.

Initial: \_\_\_\_\_

## **PROCESS FOR FUNDING APPROVAL**

Once all applications for State Accommodations Tax have been received and reviewed by the State Accommodations Tax Advisory Committee it will be forwarded to Town Council for final approval. The following criteria may be considered to determine funding eligibility:

- This program or event will promote dining at restaurants, cafeterias, and other eating and drinking establishments in the Town of Fort Mill.
- This program or event will generate overnight stay in the Town of Fort Mill lodging facilities.
- This program or event will promote and highlight the Town of Fort Mill's historic and cultural venues, recreational facilities and events, and the uniqueness and flavor of the local community.



FORT MILL

TOWN OF FORT MILL

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*Type or print all answers*

**Organization:**

**Contact (with title):**

**Mailing Address:**

**Physical Address:**

**Phone Number:**

**Email Address:**

**Website:**

**Total Amount Requested:**

We certify to the Town of Fort Mill that:

- The applicant is in compliance with stated eligibility requirements and all information contained in this application is true and correct to the best of my knowledge
- The filing of this application and signature have been authorized by the governing body of the applicant
- The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs
- The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Town of Fort Mill

Authorized Official: *Name and Title* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Agent/Official: *Name and Title* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **EVENT/PROJECT INFORMATION**

Event/Project Title/Name:

Date(s) of Event/Project?

General Description of Event/Project:

What is the total budget for your event or project?

How will your event/project attract tourists to the Town of Fort Mill?

What was the overall attendance for your event/project or event last year? (If applicable)

How many people do you estimate will attend your event/project or event this year?

What percentage of your overall attendance do you anticipate will be tourists?

What methods will you use to calculate this figure? (Ex. Zip code tracking, surveys, etc.) (Provide detail)

What marketing methods are you currently implementing?

Who is your target audience?

What media platforms will you use? (TV, newspaper, digital, billboards, radio, etc...)

How often do you plan to advertise (frequency of ads.)?





Use this section to provide any additional information you feel would be helpful.

Application completed by:

Signature of Applicant:

**If your organization received State Accommodations Tax funding in 2016 use this form to describe how the State Accommodations Tax funds awarded to your organization was used and how it benefited tourism in Fort Mill.**

Project Title/Name:

Amount of SC Accommodations Tax Awarded to your Organization:

General Description of Project:

What was the overall attendance for your project or event last year? (If applicable)

One goal of the SC Accommodations Tax is to attract tourists. A tourist is defined as “someone who travels outside his or her usual environment.” What percentage of your overall attendance (listed above) are tourists? \_\_\_\_\_%

What methods did you use to calculate this figure? (Ex. Zip code tracking, surveys, etc.)

**Event/Project Expenses:**

*NOTE: YOU MUST ATTACH COPIES OF INVOICES AND CANCELLED CHECKS. (FAILURE TO SUBMIT THESE DOCUMENTS MAY DEEM YOUR ORGANIZATION INELIGIBLE FOR FUTURE FUNDING.)*

DETAIL ALL TOURISM-RELATED EXPENSES FOR THIS EVENT OR PROJECT THAT WAS FUNDED BY THIS GRANT	Dollar Amount
Total:	\$

**Event/Project Income:** List ALL sources of funds received for this project or event.

SOURCES OF FUNDS FOR THIS EVENT OR PROJECT	Status of Funds Pending/Received	Dollar Amount
Total Income:		\$

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: