



**Greenville
County**

**COUNTY OF GREENVILLE
ACCOMMODATIONS TAX FUNDING**

APPLICATION

FISCAL YEAR 2012-2013

1) Name of Project: _____

2) Amount of Funds Requested: \$ _____

3) Sponsoring
Organization: _____

Mailing Address: _____

4) Federal Tax ID #: _____

5) Contact Person:

Name _____

Title _____

Telephone _____

Alt. Telephone No. _____

Email _____

Fax No. _____

6) Project Timeline ~ Beginning: _____ Ending: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

7) Location of Project or Event: _____

8) How many people do you expect to attend? _____

9) Of this number, how many are tourists? _____ (Tourists: "People taking trips outside their home communities for any purpose, except daily commuting to and from work.") [SC ST SEC 6-4-5 (4)] .

10) Project Budget:

a. AMOUNT OF FUNDS REQUESTED WITH THIS APPLICATION: \$ _____

b. This request equals what percent of the total Project Budget? _____ %

(Please enclose a copy of your organization's most recently completed financial audit.)

PROJECT COST AND FUNDS REQUESTED	July 1, 2010-June 30, 2011 (ACTUAL)	July 1, 2011-June 30, 2012 (BUDGETED)	July 1, 2012-June 30, 2013 (PROJECTED)
TOTAL PROJECT COST			
ATAX FUNDS REQUESTED			
ATAX FUNDS RECEIVED			
ATAX FUNDS EXPENDED			
DETAIL OF EXPENDITURES	July 1, 2010-June 30, 2011 (ACTUAL)	July 1, 2011-June 30, 2012 (BUDGETED)	July 1, 2012-June 30, 2013 (PROJECTED)
(ATTACH ADDITIONAL PAGES AS NECESSARY.)			
TOTAL:			

LIST BELOW ALL SOURCES OF INCOME FOR THIS PROJECT:

INCOME SOURCE	July 1, 2010-June 30, 2011 (ACTUAL)	July 1, 2011-June 30, 2012 (BUDGETED)	July 1, 2012-June 30, 2013 (PROJECTED)
TOTAL:			

11) Has your project or organization previously received Accommodations Tax Funding?

_____ Yes _____ No

a. If yes, state year _____, amount \$ _____, source _____,
and purpose: _____

b. For the last year you received County Accommodation Tax Funding, the
number that attended your event was _____ of which _____ were tourists.

c. For each award year, did you expend 100% of the Accommodations Tax Funds
you received? _____ Yes _____ No

If not, please explain:

12) Type of Organization:

IRS Designation: _____ 501(c) 3 ; _____ Other (specify)

Please Check One:

- Government agency, board, commission or political subdivision
- Non-Profit Organization
- A community service club, church, etc.

13) Date Funds are Needed: _____

14) Project Description: (Please attach additional pages as necessary.)

a. General Description: _____

b. State the benefit that this project will serve toward promoting tourism and the Greenville County Community:

c. Estimated Number of Tourists your event will attract: _____

d. Permits Required: _____

e. Additional Comments: _____

15) All applications must include a copy of the most recent audited financial statements.

Signed

Title

Date

ORIGINAL AND 8 COPIES OF APPLICATION DUE BY:
3:00 P.M. ON TUESDAY, JANUARY 31, 2012

NADINE CHASTEEN, CPPB, CPPO, DIRECTOR
PROCUREMENT SERVICES DIVISION
COUNTY OF GREENVILLE
301 UNIVERSITY RIDGE, SUITE 100
GREENVILLE, SC 29601-3660

QUESTIONS SHOULD BE SUBMITTED TO:

NADINE CHASTEEN: (864) 467-7207 – EMAIL: nchasteen@greenvillecounty.org
BECKY VIRES: (864) 467-7200 – EMAIL: bvires@greenvillecounty.org