

Grant applications are accepted at all times. To be considered for the next fiscal year funding, requests must be submitted prior to December 31st.



TOWN OF SURFSIDE BEACH
115 US HIGHWAY 17 NORTH
SURFSIDE BEACH, SC 29575
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ACCOMMODATIONS TAX FUNDING APPLICATION

General Information: The attached form is the official application to request accommodation tax grant funding from the Town of Surfside Beach. Enacted in 1984, the accommodations tax is a 2-percent levy on gross proceeds from rental of hotel and motel rooms, campgrounds, and other temporary accommodations (periods of less than 90 days.)

South Carolina Code Title 6, Chapter 4, provides that accommodations funds are to be used for the purposes of promoting the growth of the tourism industry and fostering cultural and recreational activities, to enhance the quality of life in South Carolina municipalities and counties. The Town of Surfside Beach will entertain requests for funding from individuals or agencies that will sponsor promotional or cultural activities.

To apply for accommodations tax funding, complete the following application and mail or hand deliver to town hall together with exhibits and supporting documentation. Comments may be noted on an additional sheet, if necessary.

Town of Surfside Beach - Attn: A-Tax Advisory Committee
115 US Highway 17 North, Surfside Beach, SC 29575

If your organization receives a grant, it WILL BE REQUIRED TO REPORT TO THE TOWN OF SURFSIDE BEACH how the funds were expended and the number of tourists benefited.

Applications are accepted at all times. Requests for the next fiscal year, which begins July 1, are sought beginning October 1 through December 31 annually. If you wish to make your presentation in person, you may do so at the meeting during which grant requests will be considered. Meeting notice will be provided to you.

Contact information of presenter:

Name: _____

Number/s: _____

Email: _____



ACCOMMODATIONS TAX GRANT & FUNDING APPLICATION

SUMMARY INFORMATION

Program/Project Title _____

Purpose _____

Total Amount Requested: \$_____ Sponsoring Organization: _____

Contacts: Primary _____ Alternate _____

Position _____ Alternate's Position _____

Primary's Business/Day #: _____ Alternate's # _____

Mail Address: _____

Submitted by (SIGNATURE:) _____

Print Name: _____

COMPLIANCE INFORMATION

The Advisory Committee will use to the following information to determine compliance with Accommodations Tax Statutes for award grants.

1. How long has this organization been in existence? _____

Is organization currently chartered as a private, non-profit corporation under South Carolina Law?

If "yes," date of charter: _____

If "no," has charter been applied for and date: _____

Does this organization have an IRS Determination Letter and/or a Federal Identification Number?

___ "YES" provide copy of letter and/or Identification number ___ "NO"

2. Accommodations Tax Law requires that any organization receiving funds from the tax must submit a budget of planned expenditures for the funded project. The organization must receive approval of the Town prior to expenditure of funds, and must render an accounting to the Town at the end of each fiscal year. Please complete the enclosed form "Exhibit A-Project Expenditures Budget" and attach it to this application.

3. Accommodations Tax funds may be used for the following projects. Indicate the category or categories for which this program applies. Please describe your project(s) on

“Exhibit B-Project Description;” explain why it fits into the classification(s) identified, and attach it to this application.

- ___ Advertising and promotion of tourism
- ___ Tourist shuttle transportation
- ___ Promotion of the arts and cultural events
- ___ Control & repair of waterfront erosion
- ___ Construction, maintenance, operation of facilities for civic and cultural activities
- ___ Tourist services, public facilities, restrooms, parks, parking lots
- ___ Visitor information centers

SPECIAL NOTE: The Advisory Committee will accept applications for programs that meet the intent of the Act beyond the limitations of the listed categories on the advice that the law cites this list as “examples of permitted programs.” If the proposed program does not fall within the above categories, please explain how it would work in the interest of tourism, or arts and culture, in the Town of Surfside Beach on “Exhibit B-Project Description” and attach it to this application.

4. If this program will serve areas outside the corporate town limits, please indicate the area to be served and discuss the ways in which the program would benefit tourists and residents of the Town of Surfside Beach.

5. Accommodations Tax is special purpose revenue subject to certain factors that the Advisory Committee cannot predict. Therefore, there is no guarantee that programs funded in previous years can continue to be funded from this revenue source. The committee strongly feels that programs should become self-supporting. ***Can this organization continue this program for a 5-year period without the requested level of funding? Please explain below in “Exhibit C-Project Narrative.”***

6. Is your organization planning to receive or does it receive accommodations tax funds from any other authority, i.e. state, county, or other municipality. If so, please cite name and amount anticipated or granted for the previous and current year. ***The following information must be provided for the Tourism Expenditure Review Committee Report***

	Previous Year	Current Year
Total budget of event/project	\$	\$
Amount funded by accommodations taxes	\$	\$
Amount funded by A-tax from all sources*	\$	\$
Total attendance		
Total tourists**		

*Includes all a-tax funded from all sources

**Tourists are defined as those who travel at least 50 miles to attend

EXHIBIT A—BUDGET ♦ SCHEDULE OF CASH REQUIREMENTS

Fiscal Year 20 -20

Applicant: _____

Project Title: _____ **Total Funds Requested: \$** _____

MONTH	PLANNED ACTIVITY	ACTIVITY BUDGET
July		\$
August		\$
September		\$
October		\$
November		\$
December		\$
January		\$
February		\$
March		\$
April		\$
May		\$
June		\$
*TOTAL ACTIVITY BUDGET:		\$

PROJECT EXPENDITURES

Expenditures	Brief Description	Budgeted Amount
Administrative		\$
Advertising/Promotion		\$
Capital Purchases		\$
Construction		\$
Other Expense		\$
**Total Expenditures		\$

*Total Activity Budget + **Total Expenditures = **TOTAL FUNDS REQUESTED** \$ _____

EXHIBIT B—PROJECT DESCRIPTION

Project Title: _____

Sponsoring Organization: _____

(Cite goals, activities, benefits, etc.) Please attach an additional sheet if necessary.

EXHIBIT C ♦ PROJECT NARRATIVE

Please described the project in detail, specifically the costs set forth in Exhibit “A.” The description should include an outline and timetable for completion of project objectives. Detail the ways in which the project serves to promote tourism and cultural activities. NOTE: Objectives set out in “Project Expenditures” will become part of the grant contract with the Town of Surfside Beach for any grants awarded. Please attach an additional sheet if necessary.