



For Accommodations Tax Committee Use Only	
Amount Requested	_____
Date Received	_____
File # 19-20	_____
Date Reviewed	_____
Information Complete	_____
Previous Award	_____
Date Contacted	_____
Amount Awarded	_____
Date Notification Sent	_____

**ACCOMMODATIONS TAX FUNDING PROGRAM
CITY OF CAMDEN, SOUTH CAROLINA
FUNDING APPLICATION**

THE APPLICATION MUST BE **TYPED** AND RETURNED WITH **1 ORIGINAL AND 10 COPIES**.

DEADLINE: Applications should be received by the City of Camden no later than 5:00 pm on March 29, 2019.

AMOUNT OF ATAX REQUEST FY 2019/2020: \$ _____

1. Name of the Project _____

2. Sponsor(s) Name _____

Telephone _____ Fax _____ Email _____

Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

3. Project Coordinator _____

Telephone _____ Fax _____ Email _____

Mailing Address _____

Street _____ City _____ State _____ Zip Code _____

4. Organization Federal ID Number _____ Organization Name _____

Are you a nonprofit organization? Yes No

5. Has the organization been funded through this Accommodations Tax Funding Program in the past?

_____ Yes _____ No

6. Project Category:

_____ Advertising & Promotion of Tourism Destination

_____ Advertising & Promotion of Arts/Cultural Events

_____ Advertising & Promotion of Large Tourist Events

*Project Date **MUST** occur between July 1, 2019 - June 30, 2020*

Please select one of the following:

_____ One Time Project

_____ Ongoing Project

_____ New Project

_____ Existing Project

10. Revenue Sources: Please check all sources of revenue that are requested or approved and the amount of funds to be received.

	Requested	Approved	Amount
_____ Accommodations Tax	\$ _____	\$ _____	\$ _____
_____ City of Camden			
_____ Kershaw County	\$ _____	\$ _____	\$ _____
_____ Private Funds/Grants	\$ _____	\$ _____	\$ _____
_____ Donations	\$ _____	\$ _____	\$ _____
_____ SC Parks, Recreation and Tourism:	\$ _____	\$ _____	\$ _____
_____ Other (Please List)			
_____	\$ _____	\$ _____	
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
TOTAL ANTICIPATED PROGRAM REVENUE			\$ _____

11. Estimated **total** attendance for new or one time project? _____
OR Total attendance the last time the event was held? Please include year. _____

12. Estimated **tourist** attendance for new or one time project? _____
OR Total tourist attendance the last time the event was held? Include year. _____

13. Distribution Plan (Provide detailed information in Section 15)
 The following are examples on City of Camden A-Tax Funding can be used.

- _____ Rack Cards
- _____ Brochures
- _____ Posters
- _____ Magazine Ads
- _____ Newspaper Ads
- _____ Television Ads
- _____ Radio Ads
- _____ Billboards
- _____ Website/Digital
- _____ Social Media
- _____ Other

Please explain

DO NOT FORGET TO ATTACH THE DOCUMENTATION REQUESTED IN SECTION 15 TO THE BACK OF THIS APPLICATION.

14. Statement of Assurances

If the grant application is awarded funding, we agree, as representatives of the organization names in this application, to provide any and all records pertaining to this grant for inspection by the City of Camden Accommodations Tax Committee upon request.

_____	_____
Project Coordinator Name (Typed)	Date
_____	_____
Project Coordinator Signature	Date
_____	_____
Administrative Official Name (Typed)	Date
_____	_____
Administrative Official Signature	Date

RETURN TO:
City of Camden Accommodations Tax Committee
ATTN: Lynn Austin
P.O. Box 7002
1000 Lyttleton Street
Camden, SC 29021

DEADLINE: MARCH 29, 2019 BY 5:00 PM
If additional space is needed, please attach a 8 1/2 x 11 sheet of paper to the back of this form typed.

