



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

**HOSPITALITY 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 HTAX 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 Hospitality 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
_____ Hospitality 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 H-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 Hospitality 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 Hospitality 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.

