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 April 17, 2020.

AMOUNT OF HTAX REQUEST FY 2020/2021: $__________________

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, 2020 - June 30, 2021

   Please select one of the following:

   One Time Project
   Ongoing Project
   New Project
   Existing Project

7. Is the program/event located within the City of Camden's corporate limits?
Where is the location of the Project?

A. Total Budget for Event: $

B. City of Camden HTax Funds Requested: $

C. Applicant Funds Provided: $

(including any other monies or grants)

9. Description of the Project

General Description:

Specifically how will this project benefit the economy in the City of Camden? (Be detailed in your justification and attach a separate sheet of paper if necessary.):

How does this project attract state, regional, and/or national audiences? (Be detailed in your justification and attach a separate sheet of paper if necessary.):
10. Revenue Sources: Please check all sources of revenue that are requested or approved and the amount of funds to be received.

<table>
<thead>
<tr>
<th>Source</th>
<th>Requested</th>
<th>Approved</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Hospitality Tax</td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>City of Camden</td>
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<td></td>
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<tr>
<td>Kershaw County</td>
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<td>Private Funds/Grants</td>
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<td>Donations</td>
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<tr>
<td>SC Parks, Recreation and Tourism:</td>
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<tr>
<td>Other (Please List)</td>
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<tr>
<td>TOTAL ANTICPATED PROGRAM REVENUE</td>
<td></td>
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<td>$</td>
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</table>

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: April 17, 2020 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.
15. List, in detail, what items and the cost of the items for which you are requesting A-Tax funds. Do not list all program expenditures: list only those funds that A-Tax will be used for payment. Attach a separate sheet of paper if necessary.

Example:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Cost</th>
<th>Geographic Area</th>
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<tbody>
<tr>
<td>1</td>
<td>1/2 Page Ad in the Free Times</td>
<td>$700</td>
<td>Columbia Metro</td>
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<td>400</td>
<td>Tri-Fold Brochures</td>
<td>$1,300</td>
<td>SC Visitors Centers</td>
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<tr>
<th>Quantity</th>
<th>Description</th>
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TOTAL $