



County of Lexington

Accommodations Tax Fund

FY 2021/22

APPLICATION

1. Name of Project/Event: _____

2. Sponsoring Organization: _____

Mailing Address: _____

3. Event/Project Director:

Name _____ Title _____

Telephone _____ Alternate Telephone _____

Fax Number _____

Email _____

4. Event Website: _____

5. Event/Project Category (*Check One*):

Tourism, Advertising/Promotion - *see #10 for advertising/promotion sources*

Tourism Related Expenditures: _____

6. Project Timeline: Beginning date _____ End date _____

7. Location of Project/Event: _____

8. Number of employees: #Full-time _____ #Part-time _____

9. Do you advertise outside a 50-mile radius? Yes No

10. If yes to #9, please check all that apply to advertising sources outside of Lexington County:

Rack Cards - # distributed _____

Brochures - # distributed _____

Posters - # distributed _____

Magazine Ads - # ads _____ (list ads and distribution range on separate sheet)

Newspaper Ads - # ads _____ (list newspapers and distribution range on separate sheet)

Television Ads - # ads _____ (list stations and viewing range on separate sheet)

Radios Ads - # ads _____ (list stations and listener range on separate sheet)

Billboards - # ads _____ (list number and location of billboards on separate sheet)

Websites - # web pages other than primary website # _____ (list on separate sheet with target audience)

Other than listed above: _____ (list on separate sheet with target audience)

11. How many people do you expect to attend? _____

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

13. List the methods used to track tourists:

- Web page inquires - estimated inquires per month _____
- Phone call inquiries - estimated phone calls per month _____
- Brochure mailings - estimated brochures mailed per month _____
- Event ticket sales - estimated tickets sold per event _____
- Event registration - estimated registrants per event _____
- Hotel sales - estimated sales per event/per month _____
- License plates - estimated count per event _____
- Surveys - estimated number of responses per survey _____
- Other than listed: _____

14. **Must complete:** County accommodations funds are generated from the hotels in the unincorporated areas of the County. Please list the hotels and number of room nights you have used or plan to use for your event/project located in the unincorporated areas of Lexington County only:

15. Please indicate you have read: **Chapter 6, Sections 6-4-5 (4) and 6-4-10, SC Code of Laws, 1976?** Yes No

16. Project Budget - **Request for funds must meet the requirements of Chapter 6, Section 6-4-10, SC Code of Laws, 1976, as amended.**

- a. Estimated total cost of Project: \$ _____
- b. Amount of Accommodations Funds requested for this Project: \$ _____
- c. This request equals what percent of the total Project/Event Budget: _____ %
- d. List specifically what the funds will be used for and the estimated amount i.e. brochures - \$1,500, etc. _____

17. Has your project or organization previously received Accommodations Tax Funds?

Yes No

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

b. For each award year, did you expend 100% of the Accommodations Tax Funds you received?

Yes No

c. If no, please explain: _____

18. Type of Organization:

Please check one:

- County
- Municipal
- Non-profit Organization
- Community service club, church, etc.
- 501(c) 3
- Other: _____

Note: For-profit organizations are not eligible for Accommodations Tax Funds

19. Project description - please attach a report with the following information needed by the Tourism Expenditure Review Committee to be sure that the event/project was in accordance to Section 6-4-10 of the S.C. Code of Laws (*Use separate sheet for Project Description if needed*):

- a. General description
- b. State the benefit that this project will serve toward promoting tourism and the Lexington County Community
- c. Total attendance to the event/project versus the number of total tourists in attendance
- d. Economic impact generated by tourism to the event/project
- e. Overall description of how the event/project attracts and promotes tourists to the area and specifically how the Accommodations Tax Funds were used to accomplish this
- f. Additional comments: _____

PLEASE NOTE: Applicant and/or representatives must be present during review process by the Accommodations Tax Advisory Board in order to be considered for funding.

Signature of Event/Project Director:

Print Name	Title

Signature	Date



**County of Lexington
Accommodations Tax Fund
FY 2021/22 FINAL REPORT**
(SUBMIT BY END OF FISCAL YEAR WITH FINAL INVOICE)

I. PROJECT INFORMATION:

Organization Name: _____

Project/Event Name: _____

Contact Name: _____ Phone: _____

II. PROJECT COMPLETION:

Were you able to complete the project/event as stated in your original application?

If no, state any problems you encountered: _____

III. PROJECT SUCCESS:

Please share any additional comments regarding the project (e.g., lessons learned, successes, problems encountered, etc.):

IV. PROJECT ATTENDANCE:

Record numbers in table below as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for projects for current and previous years.

	FY 2021/22 Current Year	FY 2020/21 Previous Year
Total Budget of Event/Project		
Amount Funded by Lexington County Accommodations Tax Funds		
Amount Funded by Accommodations Tax Funds from all sources		
Total Attendance		
Total Tourists*		

**Tourists are generally defined as those who travel 50 miles or more to attend.*

V. METHODS:

Please describe the methods used to capture the attendance data listed above (license plates, surveys, etc.): _____

VI. PROJECT BUDGET:

Attach a report indicating what project expenses were paid for using the Lexington County Accommodations Tax Funds for the fiscal year.

VII. ORGANIZATION SIGNATURE:

Provide signature of official with the organization verifying accuracy of above statements.

Print Name

Title

Signature

Date