



Accommodations Tax Grant Application
FY 2019-2020

NAME OF EVENT: _____

Application Deadline: Friday, February 21, 2020

Mail Completed Application To:

Attn: Accounting Manager /Accommodations Tax Grant Application
City of Greer
301 East Poinsett Street
Greer, SC 29651

Date of application: _____ Amount of request: _____

Tourism Related Expenditure Category (1 – 8): (see letter of introduction): _____

Organization:

Name: _____

Address: _____

Tax status: (check one) _____ Tax-exempt charitable organization

_____ Governmental tax-exempt unit _____ Church/Religious organization

_____ Other non-profit (specify status) _____

Federal Employee Identification Number (FEIN) _____

Person Submitting Request:

Name: _____

Position: _____

Email address: _____

Telephone # _____ Fax # _____

Date(s) of project/event: _____

Briefly describe your project/event, and its goals and objectives.

Describe how your project/event will enhance the visitor/tourist trade for the City of Greer.

Have you received funding for this event from any other source? Yes No

If yes, please explain below.

Total expected attendance: _____

Number of Tourist/Visitors Expected*: _____

*According to Section 6-4-5 (a) (4), “travel” and “tourism” mean the action and activities of people taking trips outside their home communities for any purpose, except daily commuting to and from work. Because there is no clear definition of “home community,” the Tourism Expenditure review Committee has adopted a guideline set by other travel industry entities, which state that a tourist is generally one that comes from 50 miles outside of their homes. However, the Committee looks at every event on a case-by-case basis.

How do you measure attendance and determine how many visitors attend your event?

Is City support required? If so, describe requirements expected including personnel (i.e. Police Department, Code Enforcement Officers) and the estimated cost of such activities. Is this cost included in this Accommodations Tax Grant request?

Will funding be requested on a continued basis? Yes No

If yes, how many years? _____

List other tourism related projects/events in which the agency has been involved.

Provide any supplementary information you wish to have considered.

Required – In addition to your project budget, you must submit your organization’s most recent audited financial statements along with a list of all members of the board, commissions or committee. If your organization does not prepare audited financial statements, please provide your most recent IRS 990 return or SC Secretary of State Public Charities Division Annual Financial Report.

Provide a detailed budget showing all sources of revenues and expenditures, including the required 25% match for this project. If the event, program or project is approved and receives funding, a complete financial report of all the revenue and expenditures must be submitted before July 1, 2021.

Project Budget Completed Below

Project Budget Attached

REVENUES (Include all relevant sources, e.g., ticket sales, sponsorships, contributions, accommodations tax, etc.)	Prior Year Amount	Current Budget Request
TOTAL REVENUES:		

EXPENDITURES (Include all relevant expenditures, e.g. salaries, fees, advertising, supplies, utilities, equipment, etc.)	Prior Year Amount	Current Budget Request
TOTAL EXPENDITURES:		

STATEMENT OF ASSURANCES

If this grant application is awarded funding,

_____ agrees that:

(Name of Organization)

1. Financial records, support documents, statistical records, and all other records pertinent to Grant funding shall be retained for a period of three years.
2. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum competition.
3. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others.
4. All expenditures must have adequate documentation.
5. All accounting records and supporting documentation shall be available for inspection by the City of Greer upon request.
6. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or part by Grant funds.
7. Employment made by or resulting from Grant funding from the City of Greer shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin.
8. None of the funds, materials, property, or services provided directly or indirectly under Grant funding from the City of Greer shall be used for any political activity, or to further the election or defeat of any candidate for public office.

SIGNED: _____
Applicant Authorized Official Signature

SIGNED: _____
Signature of Witness

DATE: _____