

CITY OF GAFFNEY

ACCOMMODATIONS TAX FUNDS APPLICATION PACKET

PLEASE SUBMIT THE
FOLLOWING NO LATER THAN
FRIDAY, SEPTEMBER 8, 2017 at 5:00 P.M.

1. Application for Accommodations Tax Funds
2. Final Report for most recent Accommodations Tax Funds received from the City of Gaffney
3. Copy of latest financial statement*
4. Proof of non-profit status

***If your organization does not have a financial statement, please provide copies of last Accommodations Tax expenditures (include copies of cancelled checks and receipts).**

IMPORTANT: Failure to meet the application deadline will result in your application being dismissed without consideration. Please note that a representative from your organization MUST be present at the Accommodations Tax Advisory Committee meeting on **Tuesday, September 19, 2017 at 2:00 p.m. to answer any questions or provide additional information needed by the committee. Failure to have a representative present at the meeting will also result in your application being dismissed without consideration.**

ALL APPLICATIONS AND ATTACHMENTS MUST BE SUBMITTED TO:

**CITY CLERK'S OFFICE
201 N. LIMESTONE STREET
GAFFNEY, SC 29340**

NO LATER THAN 5:00 P.M. FRIDAY, SEPTEMBER 8, 2017

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Funds MUST be used for “tourism-related expenditures”, to include:

1. Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity;
2. Promotion of the arts and cultural events;
3. Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities;
4. The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourists;
5. Public facilities such as restrooms, dressing rooms, parks and parking lots;
6. Tourist shuttle transportation;
7. Control and repair of waterfront erosion;
8. Operating visitor information centers.

IMPORTANT: Please note that a representative from your organization MUST be present at the Accommodations Tax Advisory Committee meeting on **Tuesday, September 19, 2017 at 2:00 p.m.** to answer any questions or provide additional information needed by the committee. This meeting will be held in the Court Room on the first floor of the City Hall. Failure to have a representative present at this meeting will result in your application to be dismissed without consideration.

ALL APPLICATIONS MUST BE SUBMITTED TO:

CITY CLERK'S OFFICE
201 N. LIMESTONE STREET
GAFFNEY, SC 29340

NO LATER THAN 5:00 P.M. ON FRIDAY, SEPTEMBER 8, 2017

Accommodations Tax Funds Project Application	Advisory Committee Use Only: Date Received: _____ Funding Requested: _____ <input type="checkbox"/> Application Complete <input type="checkbox"/> Need More Information
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APPLICATION

City of Gaffney Accommodations Tax Funds

AMOUNT REQUESTED: \$ _____

I. Applicant Information

Project Name: _____

Organization/Agency: _____

Non-profit Status (Attach documentation): _____

Organization's Representative: _____

Title: _____

Address: _____

Telephone: _____

Email: _____

2. Project Description: _____

Project Category: **Tourism¹/Promotion** **Arts/Cultural**

Project Duration: From: _____ **To:** _____

 One-Time Project **Ongoing Project**

 New Project **Existing Project**

Is the program/event located within the City of Gaffney's city limits?

 Yes **No**

¹ Tourism is generally defined as attracting tourists who travel at least 50 miles to attend an event or project.

III. Project Goals and Objectives

Describe project goals and objectives (attach additional sheets if necessary): _____

IV. Project Justification

Answer the following questions thoroughly and in specific and measurable terms, i.e.: performance outcomes, number of participants, revenues generated, etc.

1) How will this program meet the objectives? _____

2) How will this program encourage tourism, enhance our citizens' quality of life, or attract new visitors to Gaffney? _____

3) How many people do you anticipate attending to your event/project? _____

4) How many of those in attendance will travel at least 50 miles to attend your event/project? _____

5) How will achievement of project objectives be measured? _____

6) How will this funding be coordinated with private funding for maximum project success? _____

7) How will this funding be used to support programmatic expenses while limiting administrative overhead? _____

8) If applicable, demonstrate how previous funding has successfully met program objectives. _____

9) If this program requires funding beyond the current year, explain how the organization or agency plans to fund the program in future year. _____

Below please give any additional information related to your event you would like considered.

Additional Information: _____

V. Project Budget

Provide a detailed budget of project revenues and expenditures. Include with the application packet, the organization’s most recent financial statements and the organization’s total budget for this funding period.

Revenues <small>(Include all relevant revenue sources, i.e., ticket sales, sponsorships, contributions, accommodations tax, etc.)</small>	Prior Year Actual	Current Year Budget
	\$	\$ <i>(maximum)</i>
	\$	\$
	\$	\$
Total Revenues	\$	\$
Expenditures <small>(Include all relevant expenditures, i.e., salaries, fees, advertising, supplies, utilities, equipment, etc.)</small>	Prior Year Actual	Current Year Budget
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenditures	\$	\$
Surplus/Deficit	\$	\$

If your organization has received Accommodations Tax Funds from the City of Gaffney within the past three (3) years, please indicate the following:

<u>Year Received:</u>	<u>Amount Received:</u>	<u>Use of Funds:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your organization has received Accommodations Tax Funds from sources other than the City of Gaffney within the past three (3) years, please indicate the following:

<u>Year Received:</u>	<u>Amount Received:</u>	<u>Source (i.e., County A-tax, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your organization has sponsored this event/program in the past, please provide the following:

<u>Last Year of Event:</u>	<u>Number in Attendance:</u>	<u>Number of Tourists²:</u>
_____	_____	_____

IMPORTANT:

PLEASE NOTE THAT A REPRESENTATIVE FROM YOUR ORGANIZATION MUST BE PRESENT AT THE ACCOMMODATIONS TAX ADVISORY COMMITTEE MEETING TO ANSWER ANY QUESTIONS OR PROVIDE ADDITIONAL INFORMATION NEEDED BY THE COMMITTEE. FAILURE TO HAVE A REPRESENTATIVE PRESENT AT THIS MEETING WILL RESULT IN YOUR APPLICATION BEING DISMISSED WITHOUT CONSIDERATION.

² Tourists is generally defined as those who travel at least 50 miles to attend an event or project.

**2016
Accommodations Tax Funding
Final Report**

Please be advised that this report must be submitted with your application.

I. Project Information:

Organization Name: _____
 Project Name: _____
 Contact Name: _____ Phone: _____

III. Project Success:

Please share 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.

	2015	2016
Total budget of event/project		
Amount funded by Gaffney A-tax		
Amount funded by A-tax from other sources		
Total Attendance		
Total Tourists*		

* Tourists are generally defined as those who travel at least 50 miles to attend; however, the Committee considers every project/event on a case by cases basis.

V. Methods:

Please describe the methods used to capture the attendance data listed above (license plates, registrations, ticket sales, surveys, etc.) and attach documentation of same. _____

VI. Project Budget:

Attach detailed report indicating project expenses paid with City of Gaffney Accommodations Tax Funds. Include copies of supporting documentation (e.g. receipts, canceled checks, etc.)

Provide signature of official within organization, verifying accuracy of above statements.

 Name

 Title

 Signature

 Date