

COUNTY OF DARLINGTON

FY 2010/2011

ACCOMMODATIONS TAX PROCESS

Chapter 4, Title 6 of the S.C. Code of Laws provides for the allocation of Accommodations Tax revenues collected by a county or municipality and provides that a portion of the Accommodations Tax be allocated by the municipality or county to be used for "tourism related expenditures." These expenditures are defined as follows:

1. Advertising and promotion of tourism.
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 such facilities.
4. The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities.
5. Public facilities, such as restrooms, dressing rooms, parks and parking lots.
6. Tourist shuttle transportation.
7. Control and repair of water front erosion.
8. Operating Visitor Information Centers.

The attached application is provided by Darlington County for use by agencies to request Accommodations Tax funds for **FY 2010/2011**. Total county revenues are estimated to be **\$65,000**. **The deadline for submission of Accommodations Tax applications is Monday, March 8, 2010**. Applications will be reviewed by an advisory committee. Funding recommendations then will be submitted to County Council for consideration.

Eligible applicants/sponsors include public and private non-profit organizations that meet the organizational requirements established by the county. The following minimum eligibility documentation must be included/attached to applications:

- Applicant/Sponsor Federal ID number;
- Certificate of Incorporation/Charter;
- IRS 501(C)(3) or 501(d) certification letter (non-profits); and
- S.C. Secretary of State's public charity registration letter (non-profits).

No grant can be made to a private for-profit organization to be expended by the organization for its own event. Grants will not be made to non-profit organizations for projects which will primarily benefit one or a very few or an exclusive group of for-profit organizations. If the applicant agency is not formally organized and constituted, there must be a "sponsor/fiscal agent" who will assume the responsibility for the proper financial administration of the project.

COUNTY OF DARLINGTON

FY 2010/2011

ACCOMMODATIONS TAX APPLICATION

*Deadline
March 8, 2010*

1. **The Applicant** must be a public or private non-profit organization. Provide Federal ID number and non-profit status for applicant and the name, address, phone number, address, and email of the contact person for this project. **Attach** a copy of applicant's IRS 501(C)(3) **or** 501(d) certification letter **and** a copy of a current Secretary of State charity registration letter. **If this information is not available for applicant, provide it for the sponsor.**

Applicant/Organization: _____

Federal ID No. _____ Non-Profit Status: _____

Contact Person: _____ Telephone: _____

Address: _____

Email: _____

2. **The Sponsor**, if the grant is to be administered by an organization other than the applicant, must be a public or private non-profit organization. Provide its Federal ID number, non-profit status, contact person, address, phone number, and email. **Attach** a copy of sponsor's IRS 501(C)(3) **or** 501(d) certification letter **and** a copy of a current Secretary of State charity registration letter.

Sponsor/Fiscal Agent (if applicable): _____

Federal ID No. _____ Non-Profit Status: _____

Contact Person: _____ Telephone: _____

Address: _____

Email: _____

6. **Budget Request.**

Use whole dollars only. **Enter the amount of Accommodations Tax funds being requested from the county** using the specified budget categories. Also enter the amount of non-county revenue (funds from other sources) anticipated and/or committed for your project/event using the specified budget categories.

You will identify your non-county revenue sources in Item 7, Sources & Amounts of Non-County funds.

<u>BUDGET CATEGORIES</u>	<u>COUNTY</u>	<u>NON-COUNTY</u>	<u>TOTAL</u>
PERSONNEL RELATED	\$	\$	\$
OPERATING	\$	\$	\$
TRAVEL	\$	\$	\$
CONTRACTUAL	\$	\$	\$
CAPITAL	\$	\$	\$
TOTAL*	\$	\$	\$

* These amounts should equal the totals in Item 8, Budget Description.

7. Sources and Amounts of Non-County Funds.

Provide the best description possible for the source and status of non-county revenue (example - are other grant funds committed through grant award or written notification?). Identify, by name, the organization, sponsors, grantor, agencies, etc. contributing. If needed, attach supplementary pages containing more details or copies of written commitments.

SOURCE DESCRIPTION	AMOUNT
Private Contributions:	\$
Funds Sharing (PRT):	\$
State Funds:	\$
Federal Funds:	\$
Municipal Funds:	\$
Generated Revenues (<i>Sales, etc.</i>):	\$
Advertising Revenues:	\$
Corporate Sponsorship:	\$
Other Funds:	\$
Other Accommodations Tax Funds Requested or Received From Municipalities:	\$
Total Non-County*	\$

* This amount should equal the amount of Non-County funds in Section 6, Budget Request.

8. Budget Description.

Group your budget into the general categories provided and describe how the items listed will be utilized as they relate to the operation of the project/event.

Budget Items	County	Non-County	Total
Personnel Position Title Salary Fringe Benefits			
Operating Expenses (Describe)			
Travel (Describe)			
Contractual Services (Describe)			
Capital Expenses (Describe)			
Grand Total*			

** These amounts should equal the amount in Item 6, Budget Request.*

9. Budget Funding & Total Attendance.

Complete this section using information from previous fiscal years. List the total budget for the organization/project/event for the indicated fiscal years. List the total amount of Accommodations Tax funds that your organization/project/event received from Darlington County and how the funds were used (e.g. for personnel related expenses, for operations, or for capital improvements). List the total amount of Accommodations Tax funds that were received from all other sources for the indicated fiscal years. Provide the total attendance and total tourists that attended your project/event during the indicated fiscal years. If actual attendance/tourist is not known, please estimate and indicate that the amount listed is an estimate. Describe how the number of attendance and tourists was captured (for example: sign-in sheet, registration, etc.) **Tourists are defined as those who travel at least 50 miles to attend.**

	FY07/08	FY08/09	FY09/10
Total budget of organization/ project/Event	\$ _____	\$ _____	\$ _____
Accommodations Tax funds received from Darlington County. Show as follows: P) Personnel Expenses O) Operating/Travel/Contractual Expenses C) Capital Expenses \$) Total	P) _____ O) _____ C) _____ \$ _____	P) _____ O) _____ C) _____ \$ _____	P) _____ O) _____ C) _____ \$ _____
Total of Accommodations Tax funds received from all other sources	\$ _____	\$ _____	\$ _____
Total Attendance			
Total Tourists*			
Describe how the above number of attendance and tourists was captured for your event/program.			

*Tourists are defined at those who travel at least 50 miles from their origin.

12. The following documentation must be attached to the application in order to meet the minimum eligibility requirements as established by the county:

- (1) A copy of your IRS 501(C)(3) or 501(d) certification letter; and
- (2) A copy of a current South Carolina Secretary of State charity registration letter.

13. Signatures:

PROJECT DIRECTOR:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ BONDED: () YES () NO

AUTHORIZING OFFICIAL APPLICANT OR SPONSOR/FISCAL AGENT:

NAME: _____

TITLE: _____

ORGANIZATION: _____

INCORPORATION / CHARTER DATE: _____

ADDRESS _____

PHONE: _____ EMAIL _____

SIGNATURE: _____ BONDED: () YES () NO

SUBMIT COMPLETED APPLICATION AND REQUIRED ATTACHMENTS TO:

J. JANET BISHOP, CLERK TO COUNCIL

COUNTY ADMINISTRATOR'S OFFICE

1 PUBLIC SQUARE, ROOM 210

DARLINGTON, SC 29532

OR

FAX TO 843-393-8539

DEADLINE IS MONDAY, MARCH 8, 2010

Applications may be obtained online at <http://www.darcosc.com/onlineforms/>

NON-PROFIT ORGANIZATIONS

(applicant or sponsor/fiscal agent)

must attach a copy of their

IRS 501(C) (3)

or

501(d) certification letter

AND

**current S.C. Secretary of State
charity registration letter.**

**If not attached, application
will not be considered for funding;
application will be denied.**