



CITY OF HARDEEVILLE

STATE ACCOMMODATIONS TAX (SAT) GRANT APPLICATION FORM
(FOR TOURISM RELATED PURPOSES)

MEETING DATE : _____

I. APPLICANT

Name of Organization _____

Contact Person _____ Title: _____

Address _____

Phone _____ E-mail _____

Website _____

II. FUNDS REQUESTED

Amount of SAT Funds Requested \$ _____

How will funds be used? _____

Estimated percentage of costs directly attributed to attracting or serving tourists: _____

Total Budget \$ _____

Funds furnished by your organization and other sources \$ _____

SAT % to total project needs \$ _____

Provide an itemized budget. THIS IS REQUIRED, attach on a separate sheet.

III. NARRATIVE DESCRIPTION

Project Title _____

Project Overview _____



IV. DATE OF EVENT

Beginning _____ Ending _____

V. APPLICANT CATEGORY (CHOOSE ALL THAT APPLY)

_____ Government Entity: _____

_____ Non-profit Organization: State _____ Incorporation date _____

_____ Eleemosynary Organization under IRS Code: IRS # _____

VI. DEMOGRAPHIC DATA

How will the project influence tourism in the City of Hardeeville? _____

How many visitors/participants attended the event last year and are anticipated this year? _____

How do you plan to advertise this event beyond a 50 mile radius of the City of Hardeeville?

Provide documentation that this event promoted tourism in the City of Hardeeville (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

Attached ? Yes _____ No _____

What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) _____



VII. AUDIT

Does your organization have an independent CPA firm perform an annual audit? Yes ___ No ___

If yes, provide a copy of your most recent audit report.

Name of the independent CPA firm _____

Contact Person _____

Phone number _____

VIII. Will your project use funds from another group that received SAT funds from the City

of Hardeeville? _____ Which group? _____

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from the City of Hardeeville will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving State Accommodations Tax Funding will comply with state regulations and City Council requiring funds be utilized only for purposes as set forth in the Accommodations Tax Statute and itemized budget .

Signature of Applicant

Date

Name and Title (please print)



CITY OF HARDEEVILLE

STATE ACCOMMODATIONS TAX (SAT) GRANT

INTERIM PROJECT REPORT

This form is intended for use as a report on the spending of SAT funds recently authorized by the City Council. *Please note this report is due within 90 days of the disbursement date of the SAT funds, unless you have completed the project and a Final Report has been filed.* Interim reports are required every 90 days if the project has not been completed.

ORGANIZATION NAME: _____

PROJECT/EVENT DESCRIPTION: _____

AMOUNT AUTHORIZED \$ _____

DISBURSEMENT DATE: _____

AMOUNT SPENT TO DATE \$ _____

STATUS OF PROJECT: _____

CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____ **DATE:** _____

Report forms are to be submitted to:

**City of Hardeeville Finance Department
P.O. Box 609
Hardeeville, SC 29927
(843) 784-2231 (Office)
(843) 784-7754 (Fax)
Email: dlilly@cityofhardeeville.com**



CITY OF HARDEEVILLE

STATE ACCOMMODATIONS TAX (SAT) GRANT

FINAL PROJECT REPORT

This form is to be used as a Final Report on the spending of SAT funds. Please note this report is due within 90 days of the disbursement date of funds unless the project has not been completed and an Interim Report has been filed. A Final Report is required when the project has been completed.

DISBURSEMENT DATE _____

Organization Name _____

Project/ Event Description: _____

	Previous Year	Current Year
Total budget of event/project	\$	\$
Amount funded by City of Hardeeville SAT	\$	\$
Amount funded by other sources	\$	\$
Total attendance		
Total tourists*		

Tourists are generally defined as those who travel at least 50 miles to attend.

AMOUNT RETURNED (If any) \$ _____

Please provide the following:

(This material will become the property of the City of Hardeeville)

Proof of payment (ie. Receipts)
Guest logs, phone logs, accommodations contracts, website hits, advertising demographics
Promotional materials, flyers
Pictures, news clippings, letters of endorsement
Other materials that will be helpful in evaluating your project's promotion of tourism

CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____ **DATE:** _____

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