

**CITY OF HARDEEVILLE ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization _____

B. Address _____

A. FUNDS REQUESTED

B. ATAX Funds Requested \$ _____

C. How will ATAX Funds be used? _____

D. _____

E. _____

F. Estimated percentage of costs directly attributed to attracting or serving
a. tourists? _____

G. Funds furnished by your organization \$ _____

H. Matching grant \$ _____ Source _____

I. Other Funding \$ _____ Source _____

Provide an itemized budget for your event **and** for allotted funds. **THIS IS
REQUIRED**, attach on a separate sheet.

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title _____

B. Description of project _____

C. Who will benefit from this project? _____

IV. DATES OF PROJECT

Beginning _____ Ending _____

V. APPLICANT CATEGORY

___ Government Entity: _____

___ Non-profit Organization: Incorporation date _____

Eleemosynary Organization under IRS Code: IRS # _____

Date of Determination Letter _____

VI. DEMOGRAPHIC DATA

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

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

How many of the visitors/participants were from beyond a 50 mile radius of City of Hardeeville last year and are anticipated this year? _____

How many overnight stays were created by this event last year and are anticipated this year?

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

What other documentation can you provide demonstrating this event promotes Tourism in the City of Hardeeville? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) _____

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 perform an independent audit? Yes ____ No ____

Name of the Auditor _____

VIII. Will your project be using any funds from another group that received ATAX funds? _____

*I have read the guidelines for the City of Hardeeville Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project and that all information required for final reporting **MUST** be detailed when project is complete.*

A. Contact Name _____ Title _____

Signature _____ Date _____

Address _____

E-mail _____ Fax No. _____

Phone Number (s) _____

B. Alternate Contact _____ Title _____

Address _____

E-mail _____ Fax No. _____

Signature _____ Date _____

Phone Number (s) _____

ATAX Grant Processing Report
FOR OFFICE USE ONLY

Project Name _____

Project Amount _____

Received by _____ Date _____

Date presented at meeting _____

Vote: For _____ Against _____

Recommendations/Alterations _____

ATAX Liason _____

Returned to organization (date) _____

Resubmitted to ATAX _____ Vote: For _____ Against _____

Corrections/deletions made _____

Comments _____

Date presented to County Council _____ Presenter _____

Amount approved \$ _____ (or) Rejected \$ _____

Date Funds Disbursed _____ Interim/ Final Report Due _____

Interim Reports Presented to Committee _____

Final Report Received _____ Funds returned (if any) _____

CITY OF HARDEEVILLE ATAX GRANT INTERIM PROJECT REPORT

This form is intended for use as a report on the spending of the ATAX funds recently authorized by the ATAX Committee. *Please note this report is due within 90 days of the disbursement date of ATAX 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. Reports submitted must be original no faxed copies will be accepted.

ORGANIZATION: _____

PROJECT NAME: _____

AMOUNT AUTHORIZED \$ _____

DISBURSEMENT DATE _____

AMOUNT SPENT TO DATE \$ _____

STATUS OF PROJECT: _____

CONTACT NAME _____

ADDRESS _____

PHONE NUMBER _____ **DATE** _____

Report forms are to be submitted to: Thornton Butler, Chairperson
City of Hardeeville ATAX Committee
P.O. Box 609
Hardeeville, SC 29927
(843) 784-2231

CITY OF HARDEEVILLE ATAX GRANT FINAL PROJECT REPORT

This form is to be used as a Final Report on the spending of the ATAX funds recently authorized by the ATAX Advisory Committee. *Please note this report is due within 90 days of the ATAX 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. Reports submitted must be original no faxed copies will be accepted.

DISBURSEMENT DATE _____

Organization/Event/Project name: _____ **Non profit status:** _____

Project/Event Description: _____

	Previous year	Current year
Total budget of event/project	\$.....	\$
Amount funded by accommodations taxes	\$.....	\$
Amount funded by A-tax from all sources*	\$.....	\$.....
Total attendance		
Total tourists**		

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

AMOUNT RETURNED (If any) \$ _____

Please Check Appropriate Boxes and Attach Copies:

(This material will become the property of the City of Hardeeville ATAX Advisory Committee)

- Copies of paid invoices for all expenditures
- Balance Sheets
- 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

CONTACT NAME _____

ADDRESS _____

PHONE NUMBER _____ **DATE** _____

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City of Hardeeville ATAX Committee
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