**Local Accommodations Tax Funding**

**2019 Application for Charleston County Funding**

**Applications must be received by 5:00 PM – Thursday, March 1, 2018**

**Do NOT send two-sided copies**

**Return applications to:** **Questions should be directed to:**

*Charleston County Budget Department Audrey Parker*

*4045 Bridge View Drive, Suite 221A* *aparker@charlestoncounty.org*

###### Charleston, SC 29405-7464

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**Amount you are requesting: Date(s) of Specific Event:**

 **(if applicable)**

**Location of Specific Event:**

**SECTION I:** **ORGANIZATION INFORMATION**

|  |  |
| --- | --- |
| Name of Organization: |       |
| Contact Name and Title: |  |
| Mailing Address: |       |
| Phone Number: |       |
| Fax Number: |       |
| Email Address: |       |
| Website: |  |

**TYPE OF ENTITY** (check one)

[ ]  **501(c)** Tax-exempt [ ]  Governmental

|  |  |
| --- | --- |
| Federal Employer Identification Number: |       |

Briefly state the history and mission of your organization.

**Administrative Purposes Only**

**Date Received: Valid Accommodations Purpose under State Code of Laws 6-1-530:**  **Yes** 􀀀 **No** 􀀀

  **IRS determination letter: Yes** 􀀀 **No** 􀀀

  **IRS Form 990 (or Financial Statement if not required to file IRS 990): Yes** 􀀀 **No** 􀀀

 **Audit: Yes** 􀀀 **No** 􀀀

**SECTION II: GENERAL FINANCIAL INFORMATION**

**If you are a Government Entity, skip to Section III.**

1. **REVENUE**

|  |  |  |
| --- | --- | --- |
|  | **FY 2017****(Form 990)** | **FY 2018****(Current Budget)** |
| **Contributions, and Grants** |  |  |
| **Program Service Revenue** |  |  |
|  **Investment Income** |  |  |
| **Other** |  |  |
| **TOTAL** |  |  |

1. **EXPENSES**

|  |  |  |
| --- | --- | --- |
|  | **FY 2017****(Form 990)** | **FY 2018****(Current Budget)** |
| **Grants Paid** |  |  |
| **Benefits Paid for Members** |  |  |
| **Salaries and Fringe Benefits** |  |  |
| **Fundraising** |  |  |
| **Other** |  |  |
| **TOTAL** |  |  |

**SECTION III:** **FUNDING REQUEST FOR BUDGET YEAR 2019**

**1.** The Accommodations Tax is available under section 6-1-530 of the South Carolina Code of Laws for the following **tourism-related** expenditures:

1. Advertising and promotion of development related to tourism
2. Maintenance or operation of tourist-related building or facility
3. Construction of tourist-related building or facility
4. Beach re-nourishment
5. **Describe your request**.

**3. Detail of request**

|  |  |
| --- | --- |
|  | **FY 2019** |
| **OPERATING** | **AMOUNT** |
|  **A. Advertising or promotion related to tourism development**[ ]  Television [ ]  Rack Cards [ ]  Radio [ ]  Billboards [ ]  Newspapers [ ]  Mailings (Out of County) [ ]  Websites [ ]  Visitor’s Guide [ ]  Magazines  [ ]  Other (specify) |  |
|  **B. Maintenance or operation of tourist-related building or facility** **(specify)** |  |
| **CAPITAL** |  |
|  **C. Construction of tourist-related building or facility** **(specify)** **Construction Period From:       To:**  |  |
|  **D. Beach re-nourishment** **Construction Period From:       To:**  |  |
| **TOTAL REQUEST** |  |

**4. List funds received or requested for tourism-related expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **FY 18****AMOUNT** | **FY 19****AMOUNT** | **FY 19****STATUS** |
| **Charleston County** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL Project or Event** |  |  |  |

**SECTION IV: SCORING SYSTEM**

 **For Section V**

If you have questions, please contact the Charleston Area Convention & Visitors Bureau (CVB) at 843-853-8000

**1. Economic Impact Calculation (Weight: 50%)**

**The number of visitors this year X daily spending X Length of stay = Total Direct Impact**

*Replace them with average daily spending if not known*

**Total Direct Impact => IMPLAN Model => Total Tax dollars Generated for the Charleston County**

Adjusted by ongoing/one-time event and busy/slow season

Each project will be rated between 1-100.

**2. Media & Marketing Impact Calculation (Weight: 20%)**

**Tourism Panel will assess the impact of marketing / media coverage. An average of the panelists will be taken.**

Each project will be rated between 1-100.

**3. Community Impact Calculation (Weight: 10%)**

**Total investment in the Charleston community**

Each project will be rated between 1-100.

**4. Tourism Panel (Weight: 20%)**

**Tourism Panel will assess the project in its entirety. An average of the panelists will be taken.**

Each project will be rated between 1-100.

**Final Calculation**

***Final Score =***

***Economic Impact X 0.5 + Media Impact X 0.2 + Community Impact X 0.1 + Expert Score X 0.2***

1. Recommendations to Council will be based on the score of each entity;
2. If the total request from all entities exceeds the available funding, recommendations to Council will be made based on the available funding.

**SECTION V: TOURISM IMPACT ANALYSIS**

**1. Economic Impact Questions (Weight: 50%)**

|  |  |  |
| --- | --- | --- |
|  | Previous Year | Current Year (Projected) |
| Total Attendance |  |  |
| The Number of Attendees from Outside the Tri-County Area (Visitors): |  |  |
| The percentage of all visitors who traveled to Charleston specifically for the event/attraction: |  |  |
| Attraction or Event / Festival? | [ ]  Attraction (Ongoing Project, open year-round) [ ]  Event / Festival (not Ongoing, not open year- round) |
| Season of Event if it is one-time event:  | [ ]  Prime Season (March, April, May, June, July,  September, October)[ ]  Shoulder Season (November, December,  January, February, August)  |
| Is this a start-up project? | [ ]  Yes [ ]  No |

The daily spending and average length of stay of visitors will be determined by the CVB/CofC using the most current data.

What methods did you use to calculate the total attendance and the total number of non-residents? Please be specific (for example: survey questions, estimation methods, etc.).

What methods did you use to estimate the visitor spending, length of stay, and percentage of visitors who specifically came for the events/attractions?

**2. Media & Marketing Impact Questions (Weight: 20%)**

Media and marketing exposure promotes visitation and attendance for events, festivals and other tourism-related activities. This effort also helps to increase interest for subsequent years, which is extremely important for annual and recurring events. In addition, this exposure further enhances the image of Charleston County as a visitor destination, which encourages visitation throughout the rest of the year.

Please use the Media Excel attachment (5-tabs total to complete) to list the media and marketing coverage for this project, to include paid-space advertising and editorial / PR coverage, for media **outside of Charleston County**. Website data is also requested, preferably using Google Analytics. Attachments may be included in order to paint a clearer picture of the organizations marketing strategy, including broadcast, print, electronic and other advertising mediums.

**3. Community Impact Questions (Weight: 10%)**

The impact of your project may extend well beyond any capital investment, jobs created, and visitors it attracts. Some of these other benefits may include preserving and promoting a cultural/ heritage asset of the community, and improving the quality of life for county residents as a result of the project.

In the long run, what aspects of the project will benefit the Charleston community?

|  |  |  |
| --- | --- | --- |
|  | Previous Year | Current Year (Projected) |
| Your total annual payroll ($): |  |  |
| Total money spent or budgeted on construction or renovation of physical and permanent structure/properties, if any: |  |  |
| Please list other sustainable impact on Charleston County and the tourism industry in the area, if any:  |  |  |
|  |  |  |
|  |

**4. Tourism Panel Analysis (Weight: 20%)**

Five tourism professionals will assess the degree of importance of this project to the further development of the Charleston area’s tourism economy.

**The following attachments MUST be submitted with your application. If not, your application will NOT be considered.**

1. The Internal Revenue Service (IRS) tax status determination letter (not applicable to governmental agencies).
2. Copy of Internal Revenue Service *(IRS) Form 990* for the most recently completed year. (A financial statement must be substituted if an organization chooses not to file an *IRS Form 990* because their revenues are less than the threshold to file an *IRS Form 990*).
3. Copy of *Annual Audit* performed by a Certified Public Accountant (CPA):
	1. if a governmental agency, or;
	2. if entity’s revenues are $1,000,000 or more in the last completed fiscal year.

I hereby certify that I am an authorized signatory for the applicant organization and that this organization does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, veteran status, or national origin, and that all funds that may be received by applicant organization from the County of Charleston will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Accommodations Tax Funding will comply with state regulations requiring funds be utilized only for purposes as set forth in the Accommodations Tax Statute.

|  |  |
| --- | --- |
| Signature  | Date |

|  |
| --- |
| Name and Title (please print) |