**County of Charleston – Accommodations Tax**

**Interim/Final Report**

**Fiscal Year 2017**

**[ ]  Interim Report: for 2017 Recipients- DUE February 15, 2017, by 5:00 pm**

**[ ]  Final Report: for 2017 Recipients- DUE July 12, 2017, by 5:00 pm**

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

|  |  |
| --- | --- |
| Name of Organization: |  |
| Contact Name and Title: |  |
| Contact Phone Number: |       |
| Email: |       |

**SECTION II:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **OPERATING** | **FY17****Award** | **Interim Report** | **Final** **Report** |
|  **A. Advertising or promotion related to tourism development**[ ]  Television [ ]  Rack Cards [ ]  Radio [ ]  Billboards [ ]  Newspapers [ ]  Magazines [ ]  Websites [ ]  Visitor’s Guide [ ]  Mailings (Out of County)  [ ]  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**  **(specify Construction Period)****From:       To:**  |  |  |  |
| **TOTAL REQUEST** |  |  |  |

**Signature of Chief Executive Officer/Executive Director**

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed name and title** |  | **Date** |  |

**Signature of Chief Financial Officer/Board Chairperson \_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed name and title** |  | **Date** |  |

Send to: gmarion@charlestoncounty.org County of Charleston Budget Office

##  Attention: Gail Marion

OR

##  4045 Bridge View Drive

 **Suite A221**

##  North Charleston, SC 29405-7464