

# Hospitality Tax Grant Application

## Office Use Only

Date Received: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Amount Funded: \_\_\_\_\_

**A. Amount you are requesting:** \$ \_\_\_\_\_

**B. For a:**    One-time Event        Annual or recurring event        Other: \_\_\_\_\_

Project Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

(Please attach documentation of venue and date confirmation)

**C. Sponsor Organization:** \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Years/Months in Existence? \_\_\_\_\_

*(Please provide a list of active board members, Secretary of State Letter and IRS designation letter)*

Federal ID Number: \_\_\_\_\_

Are you in good standing with both the IRS and the Secretary of State? \_\_\_\_\_

**D. Describe the proposed project or activities for which funds are requested and the timetable for implementation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. How does this project attract visitors to the area & and promote tourism?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Estimated Total Attendance:** \_\_\_\_\_

Of this total attendance, what is the estimated number of “tourists” (non-residents) attending the event? \_\_\_\_\_

How will you measure where your visitors will come from? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Financial information: Total Project Budget \$** \_\_\_\_\_

Please attach a copy of your budget using (**Attachment ‘A’**) to detail all expenses and revenues for this project.

1. **EXPENSES:** How are funds spent for this project? What are your total expenses?
2. **REVENUES:** How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
  - Foundation Grant(s) and Individual Contributions
  - Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
  - Sponsorships Sold or Space Rental Fees
  - Special Event Fundraisers

**H. Detail how the funds requested from the City of Barnwell will be spent: Using (Attachment ‘B’):**

<b>Statutory Category for Funding</b>	<b>Amount</b>
Print Publications (designing, printing, postage for items mailed to attract tourist)	
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify)	
Infrastructure improvements (specify)	
<b>Total Requested</b>	<b>\$</b>

**I. STATEMENT OF ASSURANCES/CERTIFICATION**

Upon grant application acceptance and funding award, applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. The applicant agrees that all procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum open free competition. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the City of Barnwell upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funding in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change and/or variation must be reported immediately, otherwise funding may be withheld.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Hospitality Tax Grant Reporting and Reimbursement Request

*Due 30 days after event*

<b>Office Use Only</b>
Date Received: _____
Date of Event: _____

A. Project Name: \_\_\_\_\_

B. Date(s) of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

C. Amount funded: \_\_\_\_\_ Reimbursement Request: \_\_\_\_\_

D. Sponsor Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**E. Detail how the funds from the City of Barnwell were spent:**

*Please attach receipts and proof of paid invoices for each category and vendor used.*

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify) Infrastructure Improvements (specify)	
<b>Total Requested</b>	\$

F. Estimated Total Attendance: \_\_\_\_\_ Tourist attendance: \_\_\_\_\_

**What two sources did you use to collect tourist data?** (Attach source used to justify attendance.)

- |   |   |
|---|---|
| Wireless Data (TruVista)  | Volunteer Zip Code Collection                             |
| Visitors' logs (i.e. Chamber of Commerce, Farmers Market, Arts Council, CDDA, etc.) | Local hotel rooms occupied (% increase during event date) |
| Other _____   | Other _____   |

*I hereby certify that the above information and statements are true according to my best information and that all Hospitality Tax Funds that were received from the City of Barnwell will be solely used for the purposes set forth in this report, and complied with all laws and statutes.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACHMENT 'A'**

**This form should be used to submit your application as well as the project report.**

**Itemize Total Expected Project Costs**

<b>Itemize Individual Expenses Below</b>	<b>Dollar Amount</b>
<b><u>Total Projected Cost</u></b>	

**List ALL Sources of Funds for the Proposed Project**

<b>Source of Funds</b>	<b>Proposed, Requested, Received</b>	<b>Dollar Amount</b>
	<b>Total Budget</b>	

**ATTACHMENT 'B'**

**This form should be used to submit your application as well as the project report.**

**Detail How the Hospitality Tax Grant Funds Will Be/Were Used**

<b>Print Publications (designing, printing, postage for items mailed to attract tourist)</b>	<b>Dollar Amount</b>
<b>Advertising/Promotions/Marketing (design cost, airtime, etc.)</b>	
<b>Entertainment/Speakers/Guest Artist or Instructors</b>	
<b>In-Kind Municipal Services/Security (specify)</b>	
<b>Infrastructure improvements (specify)</b>	
<b>Amount Requested (Must equal to the amount in application)</b>	