



**TOWN OF SURFSIDE BEACH**  
**210 US HIGHWAY 17 SOUTH**  
**SURFSIDE BEACH, SC 29575**  
☎ **(843) 913-6111** 📠 **(843) 238-5432**

## ACCOMMODATIONS TAX FUNDING APPLICATION

### General Information

The attached form is the official application to request accommodation tax grant funding from the Town of Surfside Beach. Enacted in 1984, the accommodations tax is a 2-percent levy on gross proceeds from rental of hotel and motel rooms, campgrounds, and other temporary accommodations (periods of less than 90 days.)

South Carolina Code Title 6, Chapter 4, provides that accommodations funds are to be used for the purposes of promoting the growth of the tourism industry and fostering cultural and recreational activities, to enhance the quality of life in South Carolina municipalities and counties. The Town of Surfside Beach will entertain requests for funding from individuals or agencies that will sponsor promotional or cultural activities.

To apply for accommodations tax funding, complete the following application and mail or hand deliver to town hall together with exhibits and supporting documentation. Comments may be noted on an additional sheet, if necessary.

**Town of Surfside Beach - Attn: A-Tax Advisory Committee**  
**210 US Highway 17 South, Surfside Beach, SC 29575**

***If your organization receives a grant, it WILL BE REQUIRED TO REPORT TO THE TOWN OF SURFSIDE BEACH how the funds were expended and the number of tourists benefited. Failure to submit expenditure reports for any previous grant shall result in withholding consideration of any further request.***

***A representative must be at the meeting to address questions from the committee. Applications are accepted at all times. Requests for the next fiscal year, which begins July 1<sup>st</sup>, must be submitted between October 1<sup>st</sup> and December 31<sup>st</sup>.***

Contact information for presenter:

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

**Number/s:** \_\_\_\_\_

**Email address for meeting notice:** \_\_\_\_\_



# ACCOMMODATIONS TAX GRANT & FUNDING APPLICATION

## SUMMARY INFORMATION

Program/Project Title \_\_\_\_\_

Purpose \_\_\_\_\_

Total Amount Requested: \$\_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Contacts **Primary:**\_\_\_\_\_ *Alternate:* \_\_\_\_\_

Position \_\_\_\_\_ Alternate's Position \_\_\_\_\_

Primary's Business/Day #: \_\_\_\_\_ Alternate's # \_\_\_\_\_

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

Submitted by \_\_\_\_\_

*SIGNATURE:* \_\_\_\_\_

Print Name: \_\_\_\_\_

## COMPLIANCE INFORMATION

The Advisory Committee will use to the following information to determine compliance with Accommodations Tax Statutes for award grants.

1. How long has this organization been in existence? \_\_\_\_\_

Is organization currently chartered as a private, non-profit corporation under South Carolina Law?

If "yes," date of charter: \_\_\_\_\_

If "no," has charter been applied for and date: \_\_\_\_\_

Does this organization have an IRS Determination Letter and/or a Federal Identification Number?

\_\_\_ "YES" provide copy of letter and/or Identification number \_\_\_ "NO"

2. Accommodations Tax Law requires that any organization receiving funds from the tax must submit a budget of planned expenditures for the funded project. The organization must receive approval of the Town prior to expenditure of funds, and must render an accounting to the Town at the end of each fiscal year. Please complete the enclosed form "Exhibit A-Project Expenditures Budget" and attach it to this application.

3. Following are the list of project types for which Accommodations Tax funds may be used. Indicate the category or categories for which this program applies. Please describe your project(s) on "Exhibit B-Project Description." Explain why it fits into the classification(s) identified and attach to this application.

- \_\_\_ Advertising and promotion of tourism
- \_\_\_ Tourist shuttle transportation
- \_\_\_ Promotion of the arts and cultural events
- \_\_\_ Control & repair of waterfront erosion
- \_\_\_ Construction, maintenance, operation of facilities for civic and cultural activities
- \_\_\_ Tourist services, public facilities, restrooms, parks, parking lots
- \_\_\_ Visitor information centers

**SPECIAL NOTE:** The Advisory Committee will accept applications for programs that meet the intent of the Act beyond the limitations of the listed categories on the advice that the law cites this list as “examples of permitted programs.” If the proposed program does not fall within the above categories, please explain how it would work in the interest of tourism or arts and culture in the Town of Surfside Beach on “Exhibit B-Project Description” and attach to this application.

4. If this program will serve areas outside the corporate town limits, please indicate the area to be served and discuss the ways in which the program would benefit tourists and residents of the Town of Surfside Beach.

5. Accommodations Tax is special purpose revenue subject to certain factors that the Advisory Committee cannot predict. Therefore, there is no guarantee that programs funded in previous years can continue to be funded from this revenue source. The committee strongly feels that programs should become self-supporting. ***Can this organization continue this program for a 5-year period without the requested level of funding? Please explain below in “Exhibit C-Project Narrative.”***

6. Is your organization planning to receive or does it receive accommodations tax funds from any other authority, i.e. state, county, or other municipality. If so, please cite name and amount anticipated or granted for the previous and current year. ***The following information must be provided for the Tourism Expenditure Review Committee Report***

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

\*Includes all a-tax funded from all sources

\*\*Tourists are defined as those who travel at least 50 miles to attend

**EXHIBIT A—BUDGET ♦ SCHEDULE OF CASH REQUIREMENTS**

Fiscal Year 20 \_\_\_\_\_ -20 \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_

MONTH	PLANNED ACTIVITY	BUDGET AMOUNT
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

**TOTAL PROJECT EXPENDITURES: \$ \_\_\_\_\_**

**EXHIBIT A—BUDGET ♦ PROJECT EXPENDITURES**

Administrative Costs: Sub-total \$ \_\_\_\_\_

Advertising/Promotional Costs: Sub-total \$ \_\_\_\_\_

Capital Purchases: Sub-total \$ \_\_\_\_\_

Construction Costs: Sub-total \$ \_\_\_\_\_

**TOTAL PROJECT REQUEST \$ \_\_\_\_\_**

