



COUNTY OF PICKENS
ACCOMMODATIONS TAX FUNDING
APPLICATION
FISCAL YEAR 2009-2010

1) Name of Project: _____

2) Sponsoring
Organization: _____

Mailing Address: _____

3) Federal Tax ID #: _____

4) Project Director:

Name _____

Title _____

Telephone _____

Alt. Telephone No. _____

Email _____

5) Project Timeline ~ Beginning: _____ Ending: _____

6) Location _____

7) What is the total anticipated attendance for this project? _____

8) Of this number, how many are tourists? _____ (Please see criteria for
defining "Tourists" on cover sheet.)

Have you received Accommodations Tax Funding in years prior to last year?

_____ Yes _____ No

If so, state year _____, amount \$ _____, and purpose _____

_____.

For each award year, did you expend 100% of the Accommodations Tax Funds you received? If not, please explain:

10) Type of Organization:

IRS Designation: _____ 501(c) 3; _____ Other (specify)

Please Check One:

- Government agency, board, commission or political subdivision
- Not-for-profit organization registered with the South Carolina Secretary of State. Registration Number: _____
- Eleemosynary organization exempt from federal income tax
- A community service club, church, etc.

11) Date Funds are Needed: _____

12)

Accommodations Tax Detail Form

Organization/Event/Project name:

Project/Event Description: _____

Non profit status: _____

	Current Year	Next year (Projected)
Total budget of event/project	\$	\$
Amount funded by Pickens County A-tax	\$	\$
Amount funded by A-tax from all other sources	\$	\$
Total attendance		
Total tourists**		
**_ Visitors who live at least 50 miles from Pickens County		

13) Project Description: (Please attach additional pages as necessary.)

a. Detailed Description of Project: _____

b. Benefit to Tourism and the Pickens County Community:

c. Estimated Number of Room Nights to be Generated: _____

d. Permits Required: _____

Signed

Date

**ORIGINAL AND 10 (TEN) COPIES OF
APPLICATION MUST BE RECEIVED BY 5:00PM, Friday, February 26, 2010**

**DALE POWELL, DIRECTOR
PARKS & RECREATION
222 McDaniel AVENUE
PICKENS, SC 29671**

Advisory Committee Use Only			
Date Received _____	Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Information Needed _____ _____ _____			
Recommended		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Applicant Notified: _____			

Pickens County Accommodations Tax Funding Follow-up Report

Please complete and return this form and the requested information within 30 days after completion of your project

DATE:

I. Project Name: _____ Number: _____

II. Organization: _____

Sponsor: Name: _____ Title: _____

Address: _____

_____ Phone: _____

III. Accommodations Tax Funding Amount: _____

IV. Please attach, where applicable, the following:

1. Event report

2. Press Release

3. Attendance Records, including local and out of town attendees

4. Completed Event Budget, including all income, sources and expenditures

V. Comments