

Local Hospitality Tax Funding

FY2024 Application for St. George Funding

Applications must be received by 5:00 PM – **November 6, 2025**

Return applications to:

*Town of St. George
305 Ridge Street
St. George, SC 29477*

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 Hospitality Purpose under State Code of Laws 6-1-730:	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*

	<u>FY 2024</u>	<u>FY 2025</u>
	(Form 990)	(Current Budget)
Contributions and grants (line 8)		
Program service revenue (line 9)		
Investment income (line 10)		
Other revenue (line 11)		
TOTAL REVENUE (line 12)		

2. EXPENSES*

	<u>FY 2023</u>	<u>FY 2024</u>
	(Form 990)	(Current Budget)
Grants and similar amounts paid (line 13)		
Benefits paid to or for members (line 14)		
Salaries, other compensation, employee benefits (line 15)		
Fundraising (line 16)		
Other (line 17)		
TOTAL EXPENSES (line 18)		

*These figures should reflect the full years financials for your organization based on the Form 990.

2. **Describe your request.**

[illegible]

- FY 2024

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 or recreation (specify)	
CAPITAL	
C. Construction of tourist-related building or facility (specify) Construction Period From: _____ To: _____	
TOTAL REQUEST	

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

SOURCE	FY 21 AMOUNT	FY 22 AMOUNT	FY 23 STATUS
St. George			
TOTAL Project or Event			

SECTION IV:

1. Economic Impact Calculation

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 Dorchester County

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

2. Availability of other Tourism related funding sources

Tourism Board will assess the ability for the organization to leverage other funding sources available based upon their location and/or specific project. An average of the panelist will be taken.

Each project will be rated between 1-100.

3. Community Impact Calculation

Total investment in the St George community

Each project will be rated between 1-100.

Final Calculation

Final Score =

Economic Impact X 0.5 + Availability of Other Tourism related funding sources X 0.1 + Community Impact X 0.1 + Staff Ranking X 0.1 + Equitable provision of funding based on geography 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**

	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 St. George specifically for the event/ attraction:	0.00%	0.00%
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	

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. Availability of other Tourism related funding sources

Organizations may have the ability to request other operating or special funds (A-Tax from a Municipality, Hospitality Tax, etc.) Reference Section III question #4 for the itemized list of funding received or requested from other entities.

3. Community Impact Questions

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 St. George?

	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 St. George and the tourism industry in the area, if any:		

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

- A. The Internal Revenue Service (IRS) tax status determination letter (not applicable to government agencies).
- B. 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).
- C. 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 Dorchester 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)