# **Local Hospitality Tax Funding**

# **FY2022** Application for St. George Funding

Applications must be received by 5:00 PM – Monday, November 28, 2022

**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: IRS determination letter: IRS Form 990 (or Financial Statement if not required to file IRS 990): Audit:	Yes D No D Yes D No D Yes D No D Yes D No D	

#### SECTION II: GENERAL FINANCIAL INFORMATION

# If you are a Government Entity, skip to Section III.

#### 1. <u>REVENUE</u>\*

	<u>FY 2021</u>	<u>FY 2022</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. <u>EXPENSES\*</u>

#### FY 2021

FY 2022

	(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.

EX7 2022

# **SECTION III:** FUNDING REQUEST FOR BUDGET YEAR 2022

- **1.** The Hospitality Tax is available under section 6-1-730 of the South Carolina Code of Laws for the following **tourism-related** expenditures:
  - A. Advertising and promotion of development related to tourism
  - B. Maintenance or operation of tourist-related building or facility or recreation
  - C. Construction of tourist-related building or facility

## 2. <u>Describe your request</u>.

# 3. Detail of request

AMOUNT

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

SOURCE	FY 20 AMOUNT	FY 21 AMOUNT	FY 22 STATUS
St. George			
<b>TOTAL Project or Event</b>			

## **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 b 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. <u>Economic Impact Ouestions</u>

	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	0.00%	0.00%
to St. George specifically for the event/	0.0070	0.0070
attraction:		
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. <u>Community Impact Ouestions</u>

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.

	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:		

In the long run, what aspects of the project will benefit St. George?

## <u>The following attachments MUST be submitted with your application. If not,</u> <u>your application will NOT be considered.</u>

- 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