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| For Accommodations Tax Committee Use Only | |
| Amount Requested: | _____ |
| Date Received: | _____ |
| File #17-18: | _____ |
| Date Reviewed: | _____ |
| Information Complete () | |
| Need More Information () | Date Contacted: _____ |
| Amount Awarded: | _____ |
| Date Award Notification Sent: | _____ |

**STATE ACCOMMODATIONS TAX FUNDING PROGRAM
CITY OF AIKEN
AIKEN, SOUTH CAROLINA
FUNDING APPLICATION**

APPLICATION MUST BE TYPED

DEADLINE: Received no later than **Friday, February 3, 2017 by 5 pm.** Applicant must follow the procedures in the City of Aiken State A-tax Handbook when completing this application.

1. Name of Project: _____

2. Project Category:
- () Advertising & Promotion of Tourism
 - () Advertising & Promotion Arts/Cultural Event
 - () Advertising & Promotion of Large Tourist Event

3. Detailed description of the project to include your targeted audience (if additional space is needed, please use an additional piece of paper) : _____

4. Project Date (**must occur between July 1, 2017 – June 30, 2018**): _____

- () One-time project () Ongoing project () New Project () Existing Project

5. Project location (physical location): _____

Is the project located within the City of Aiken's corporate limits? ()Yes ()No*

*If you answered NO, approximately how far (distance is your event from the City limits? _____ miles

6. Name of Non-Profit Organization/Sponsor: _____

Name of Administrative Official: _____

Telephone: _____ Fax: _____ E-mail: _____

Mailing Address: _____
City State Zip Code

The signatures required from the Project Coordinator and the Non-Profit Organization/Sponsor cannot be the same person.

7. Type of Organization:

a. ___ Government Entity: () Agency, () Board () Commission

b. ___ 501C Organization (non-profit)

Proof of Non-profit Status from IRS or the State of SC as registered with the Internal Revenue Service must be attached to this application (even if you have submitted an application in the past).

8. Non-Profit Organization/Sponsor Federal ID Number: _____

9. Project Coordinator: _____

Telephone: _____ Fax: _____ E-mail: _____

Mailing Address: _____
City State Zip Code

10. What non-financial partnerships do you have for this event? What role will these groups play?

11. Has project been funded through the City of Aiken State Accommodations Tax Funding Program in the past 5 years? () Yes () No

If yes, when and amount each year:

___ July 1, 2012 – June 30, 2013 \$ _____

___ July 1, 2013 – June 30, 2014 \$ _____

___ July 1, 2014 – June 30, 2015 \$ _____

___ July 1, 2015 – June 30, 2016 \$ _____

___ July 1, 2016 – June 30, 2017 \$ _____

12. Total attendance the last time the ongoing project was held: _____

How was this number determined? _____

Total **tourist** attendance the last time the ongoing project was held: _____

How was this number determined? _____

Total Room Nights Generated the last time this event was held: _____

How was this number determined? _____

**if this is a new event please give estimated attendance/room night figures with justification

“A tourist is defined as someone who travels more than 50 miles one way to attend an event and stays overnight in paid or unpaid accommodations or someone who plans a day trip to places 50 miles or more, one way, from their home.”

14. Specifically describe how this project will benefit the economy in the City of Aiken in the areas listed below. Be specific & detailed in your justification and attach a separate sheet of paper if necessary.

Dining Out: _____

Shopping: _____

Entertainment: _____

Other: _____

15. What types of marketing will be included in your plan as outlined in this application? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Rack Cards | <input type="checkbox"/> Cable/Television Ads | Digital Advertising (check all that apply) |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Radio Ads | <input type="checkbox"/> Event Website |
| <input type="checkbox"/> Magazine Ads | <input type="checkbox"/> Billboards | <input type="checkbox"/> Facebook Ads |
| <input type="checkbox"/> Newspaper Ads | | <input type="checkbox"/> Online Newspapers/Magazines |
| | | <input type="checkbox"/> AOL/Google/Bing Ads |
| <input type="checkbox"/> Other (Please Explain) _____ | | |

16. Event/Project Operational Budget: \$ _____

(This is not how much you are requesting from the City of Aiken State A-tax Grant Program, but what it costs to operate your event/project in its entirety).

17. a. City of Aiken (State) A-tax Marketing Funds Requested: \$ _____

b. Applicant Marketing Funds Provided (Not A-tax): \$ _____

18. Revenue Sources: Please check all sources of revenue that are pending or approved and the amount of funds to be received:

| | Pending | Approved | Amount |
|---------------|---------|----------------------------|----------|
| City of Aiken | | | |
| | | State Accommodations Grant | |
| | | | FY 17-18 |

() State Accommodations Tax:
City of Aiken _____ \$ _____
(this amount should be the same as the total listed under number 17a)

() Aiken County Accommodations Tax: _____ \$ _____

() Private Funds/Grants: _____ \$ _____

() Donations: _____ \$ _____

() SC Parks, Recreation, and Tourism:
Tourism Advertising Grant (TAG) _____ \$ _____

() Admissions: _____ \$ _____

() Merchandise Sales: _____ \$ _____

() Other (please list):

_____ \$ _____
_____ \$ _____

TOTAL ANTICIPATED PROGRAM REVENUE \$ _____

To complete your application, please complete the attached marketing spreadsheet and submit it as an attachment to your application.

19. Statement of Assurances

If the grant application is awarded funding, we agree, as representatives of the organization named in this application, to provide any and all records pertaining to this grant for inspection by the City of Aiken State Accommodations Tax Committee upon request. In addition, we agree to and will adhere to all guidelines regarding the use of the City of Aiken Tourism logo in our advertising materials. The signatures required from the Project Coordinator and the Non-Profit Organization/Sponsor **cannot** be the same person.

| | |
|--|-------|
| _____ | _____ |
| Project Coordinator's Name (typed) | Date |
| _____ | _____ |
| Project Coordinator's Signature | Date |
| _____ | _____ |
| Non-Profit Organization/Sponsor Administrative Official's Name (typed) | Date |
| _____ | _____ |
| Non-Profit Organization/Sponsor Administrative Official's Signature | Date |

RETURN TO:

**City of Aiken Parks, Recreation & Tourism Department
State Accommodations Tax Grant Program
PO Box 1177
Aiken, S.C. 29802
Attention: Jenny Burghardt**

**Deadline:
Friday,
February 3, 2017
by 5 pm**