MEMORANDUM

TO: Accommodations Tax Applicants (Tourism Related Activities)
FROM: Joel K. Seavey
DATE: September 4, 2020
SUBJECT: Accommodations Tax Funding Fiscal Year 2020-2021

Enclosed please find the City of Clemson accommodations tax allocation guidelines and an application for accommodations tax funding. Please review and become familiar with the allocation guidelines adopted by Clemson’s Governing Body. Also, carefully note the dates and deadlines that pertain to the accommodations tax funding cycle.

**September 11 – September 12, 2020**

*Advertisement placed in local newspaper that Accommodations Tax Advisory Committee is inviting applications from organizations eligible for tourism related accommodations tax funding (see guidelines for eligibility).*

**September 25, 2020 (5:00 p.m.)**

*Deadline for accommodations tax applications to be received at City Hall, Office of Finance. Recipients of prior year appropriations must provide accounting of prior year expenditures with application for current year funding request. Call Joel Seavey (653-2035) or Sharie Nickles (653-2036) to schedule drop off of application.*

**September 26 – October 9, 2020**

*Accommodations Tax Advisory Committee reviews applications and interviews applicants (as necessary).*

**October 19, 2020**

*Accommodations Tax Advisory Committee presents funding recommendations to Clemson City Council.*

**November 7, 2020**

*Approved accommodations tax funding available for disbursement.*
The Accommodations Tax Act, as amended in 1991, provides that a portion of the 2% tax on the rental of transient accommodations be used to support tourism related activities. Tourism related activities include advertising and promotion to increase tourism attendance; promotion of arts and cultural events; maintenance and operation of facilities for civic activities; law enforcement; fire protection; health facilities and services; transportation; operation of visitor information centers.

To be considered for current year funding, recipients of prior year accommodations tax appropriations must provide a detailed accounting of expenditures with submission of application. Approved funding will be disbursed subsequent to July 1, 2020.

1. Name of Applicant Organization: ______________________________________________________

   Address:_________________________________________________________ Zip Code: _________

2. Project Director:  ___________________________________________________________________

   Telephone: (______) ______________________             Facsimile: (______) ____________________

   E-Mail:  ___________________________________________________________________________

3. Project Name:  _____________________________________________________________________

   Has this project or organization been funded through Accommodations Tax Funds in the past?

   ________ Yes ________ No

   If so, amount of funding per fiscal year? $ __________13-14 $ __________ 14-15 $__________ 15-16

   $____________ 16-17 $____________ 17-18 $____________18-19 $ _____________19-20

4. Provide a narrative description and justification of project: _________________________________

   ___________________________________________________________________________________

   ___________________________________________________________________________________

   ___________________________________________________________________________________
5. Accommodations Tax Funds requested: $ ______________________________

6. Source of other funds to complete the project: _____________________________

7. Date you will begin work on project: ________________________________
   Date you will complete work on project: ______________________________

8. Date of your festival or event: ________________________________

9. How do you expect to influence visitors to come to our city? ________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Total attendance of festival/event, and how determined (license plates, surveys, etc.). _______
    _______________________________________________________________________

11. Total tourist attendance (defined as travel of at least 50 miles to festival/event). __________
    _______________________________________________________________________

12. How will this project create or sustain tourism related jobs? ____________________________
    _______________________________________________________________________
    _______________________________________________________________________

13. What additional benefits will this project bring to our community? ______________________
    _______________________________________________________________________
    _______________________________________________________________________

14. Please provide any additional comments that support the economic impact of this project. ______
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
15. If funding request is from a department within a larger organization, please provide annual appropriation for the department. $__________________

(please list media schedule with dates, names, and/or locations of as many placements as possible. Also provide amount to be Printed and plan for distribution.)

16. Project Budget

$_____________ Newspaper

$_____________ Magazine

$_____________ Radio

$_____________ Television

$_____________ Billboard

$_____________ Brochure

$_____________ Postage

$_____________ Map

$_____________ Insert

$_____________ Video

$_____________ Slides

$_____________ Other (provide details)

$_____________ Other (provide details)

$_____________ Other (provide details)

$_____________ Total Project Budget

$_____________ Accommodations Funds Requested

17. Signature of Project Director: ____________________________ Date: __________

RETURN TO: City of Clemson – Office of Finance
1250 Tiger Blvd, Suite 2
Clemson, South Carolina 29631-2661

If you have questions, call the Office of Finance at (864) 653-2036.

Revised 09/04/20
1. Using this worksheet, please provide a detailed accounting of accommodations tax funds received from the City of Clemson for Fiscal Year 2019-20.
2. Please attach paid invoices from vendors and/or receipts to this worksheet.
3. Failure to attach paid invoices accounting for accommodations tax funds will preclude your organization from receiving future accommodations tax appropriations.

**Revenues:**
- $ _____________ ATAX funds received from the City of Clemson

**Expenditures:**
- $ _____________ Publicity (newspaper, magazine, radio, television, billboard)
  - _____________ Brochures, maps, etc.
  - _____________ Inserts
  - _____________ Postage
  - _____________ Videos, slides
  - _____________ Space rental
  - _____________ Professional Services
  - _____________ Other (provide details)
  - _____________ Other (provide details)
- $ _____________ Total ATAX Expenditures

Worksheet Completed By (Please Print) ___________________________ Date ____________ Email Address ___________________________