CITY OF FLORENCE, SOUTH CAROLINA

ACCOMMODATIONS TAX FUNDING REQUEST FISCAL YEAR 2025-2026

DATE SUBMITTED

_____ AMOUNT REQUESTED \$_____

A. Name of Applicant Organization/Event/Project:

Name of Fiscal Agent If Applicable (enter "Same" if the fiscal agent is the same as applicant):

B. Is applicant or fiscal agent non-profit? Yes No If yes, indicate legal non-profit status:

C. Describe below the organization/project/event.

D. Describe below how the organization/project/event attracts and promotes tourists to the area.

E. Start date of organization/project/event:		Completion date of organization/project/event:	
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F. Budget funding/Total attendance/Total tourists information:	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025	7/1/2025 through 6/30/2026 (Projected)
Total budget of organization/project/event*			
Total attendance			
Total tourists**			

* Total original budget for each year, not actual year-end.

**Tourists are defined as those who travel at least 50 miles to attend

G. Detailed source of revenue for organization/project/event:

As accurately as possible list source of revenue by category and by fiscal year as indicated:

SOURCE OF REVENUE	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025	7/1/2025 through 6/30/2026 (Projected)
City accommodations tax			
County accommodations tax			
Other taxes (Local accommodations tax, etc.)			
Private funds/Contributions			
Admissions/Sales			
Other revenue:			
YEAR-END TOTALS	•		

H. Detailed cost of organization/project/event:

As accurately as possible list expenditures by category and by fiscal year as indicated:

TYPE OF EXPENDITURE	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025	7/1/2025 through 6/30/2026 (Projected)
Personnel			
Contract Labor			
Supplies			
Equipment			
Maintenance			
Publicity/Marketing			
Travel			
Utilities			
Space Rental			
Land Acquisition			
Construction			
Other:			
YEAR END TO	DTALS		

I. Please attach a copy of EITHER of the following as an integral and required part of this application:

1. Financial Statements from the organization/project/event of the most recently completed fiscal year that are AUDITED by an independent Certified Public Accountant, to include the independent auditors' report and opinion; OR

2. Copies of invoices and cancelled checks from the organization/project/event representing expenditures made with City of Florence Accommodations Tax funding for the most recently completed fiscal year.

J. Please attach a copy of the organization/project/event current fiscal year budget.

Contact Person:	
Mailing Address:	
City, State and Zip Code:	
Telephone Number(s):	
E-Mail Address:	
Date Form Completed:	