

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, indicate legal non-profit status:
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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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H. Detailed cost of organization/project/event:

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

[illegible]

- 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: