## CITY OF FLORENCE, SOUTH CAROLINA

## **ACCOMMODATIONS TAX FUNDING REQUEST**

FISCAL YEAR 2024-2025

DATE SUBMITTED	AMOUNT REQUESTED \$
A. Name of Applicant Organization/Event/Pro	ject:
Name of Figure Agent If Applicable (outs)	Complified for all courts the complete with
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/e	vent.
D. Describe below how the organization/proj	ect/event attracts and promotes tourists to the area.
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F Start date of organization/project/event:	Completion date of organization/project/event

F. Budget funding/Total attendance/Total tourists information:	7/1/2022 through 6/30/2023	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025 (Projected)
Total budget of organization/project/event*			
Total attendance			
Total tourists**			

<sup>\*</sup> Total original budget for each year, not actual year-end.

## 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	7/1/2022 through 6/30/2023	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025 (Projected)
City accommodations tax			
County accommodations tax			
Other taxes (Local accommodations tax, etc.)			
Private funds/Contributions			
Admissions/Sales			
Other revenue:			
YEAR-END TOTALS			

<sup>\*\*</sup>Tourists are defined as those who travel at least 50 miles to attend

Н.	Detailed	cost of	organization/	pro	iect/event

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

TYPE OF EXPENDITURE	7/1/2022 through 6/30/2023	7/1/2023 through 6/30/2024	7/1/2024 through 6/30/2025 (Projected)
Personnel			
Contract Labor			
Supplies			
Equipment			
Maintenance			
Publicity/Marketing			
Travel			
Utilities			
Space Rental			
Land Acquisition			
Construction			
Other:			
YEAR END TOTALS			

- 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:	