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## **York County Hospitality Tax Program**

# **2015 APPLICATION**

# **MARKETING & ADVERTISING** **GRANTS**

Hospitality Tax Advisory Committee  
c/o Beth Latham, Finance Director  
P.O. Box 116  
York, SC 29745

[www.yorkcountygov.com](http://www.yorkcountygov.com)



# INFORMATION

According to the South Carolina Local Hospitality Tax Act, the revenue generated by the hospitality tax must be used exclusively for the following purposes (Section 6-1-730):

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York County 35.134 Am. Ord. 3108 6-16-08  
Use of revenue from local hospitality tax.

The revenue generated by the hospitality tax must be used exclusively for the following purposes:

- (1) tourism-related buildings including, but not limited to, civic centers, coliseums, and aquariums;
- (2) tourism-related cultural, recreational, or historic facilities;
- (3) beach access and renourishment;
- (4) highways, roads, streets, and bridges providing access to tourist destinations;
- (5) advertisements and promotions related to tourism development; or \***
- (6) water and sewer infrastructure to serve tourism-related demand.

“Tourist”-As defined in Section 6-1-760 (A) of the 1997 Act No.138, Section 9; means a person who does not reside in but rather enters temporarily, for reasons of recreation or leisure, the jurisdictional boundaries of a municipality project or the immediate area of the project for a county project.

HISTORY: 1997 Act No. 138, Section 9.  
SECTION 6-1-730.

Source: <http://www.scstatehouse.gov/code/t06c001.php>

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## Allocation Criteria

**For the purpose of this grant application, the hospitality tax advisory committee is only considering qualified paid tourism advertising and promotion expenses as listed in #5 above. Advertising and promotion expenses may include print media, billboards, radio, television, and web-based media. Promotion expenses do not include souvenirs, prizes, give-aways, awards, trophies, or any other type of operational expense.**

**Funds will be available for marketing projects that expand tourism within York County. These projects should help generate more traffic to support the restaurants in the unincorporated areas of York County that collect the hospitality tax.**



## **Applicant Procedures and Conditions**

- A. Each applicant must include copies of financial statements for the last three (3) years or for the period of time for which the organization has been in operation. Applicant organizations must have been in existence for at least one (1) year prior to requesting funds.
- B. Project or event vendors will **NOT** be paid by the York County. Checks will be written only to the approved applicant.
- C. As required by the Hospitality Tax Law, projects to be funded by Hospitality Tax funds must result in the attraction of tourists to York County.
- D. Within sixty (60) days following completion of the project, applicant must submit a Reimbursement Request Form documenting all related expenses with copies of cancelled checks, invoices, and receipts. The report must show (1) the number of people that attended the event, (2) approximately how many people attended that live outside jurisdictional boundaries of the municipality, and (3) information on how this number was determined (such as a sign-in log, counting vehicle tags, etc.). The reimbursement form is attached. After the Expenditure Report has been reviewed and approved by the Finance Director, a check will be issued by the York County Treasury Department for reimbursement of the previously approved amount.
- E. Expenses not previously identified in the Hospitality Tax Grant Application will not be reimbursed.

### **Deadline for Submitting Application Form**

**Applications must be submitted no later than April 15, 2015 to be considered for the fiscal year 2015-2016.**



## Guidelines for Submitting Application

**Project & Organization Information:** This section should be completed thoroughly. Application may not be reviewed if any information is omitted. Please attach proof of non-profit status if applicable.

**Project Description and Goals:** York county hospitality tax advisory committee is looking for expanded tourism projects and unique tourism projects that will generate additional tax dollars in the unincorporated areas of York County. Please include the below topics in your response with this mission in mind.

- Describe the project and its tourism mission – what is your overriding goal and how will the goal generate new tourism dollars in our area?
- Describe the project’s benefit to the community – will your project create partnerships, drive direct spending at tourism properties, improve community relations, draw media attention, generate untapped revenue, etc. Direct Spending means the approximate amount of money your visitors (participants & spectators) spend during the time they are in York County. Direct spending amounts will need to be documented and proof provided to the committee. The project coordinator will be responsible for gathering this information through surveys, registrations, drawings, etc. When calculating direct spending please use \$34/person for day-trippers and \$100/person for overnight visitors.
- Describe the project’s uniqueness or innovativeness – what makes this project unique? What other communities provide this same type of event? Are you considering an untried marketing technique? How will your project enhance other facilities and/or projects in the area?

### Tourist Information:

- Having stated your project goals, what methods will you use to track your success (surveys, inquiries, ticket sales, etc.)? Please provide a sample of any documentation you plan to use to gather this data.
- Describe your marketing plan – list all strategies and tactics, and underline efforts that you will fund with York County Hospitality Tax assistance. (Complete detailed expenditure section)
- Marketing budget, expenses and financial impact- Show complete budget; all income and expenses associated with your project will need to be disclosed. Income could include, but is not limited to ticket, souvenir, and alcohol sales; sponsorships, donations, etc. Expense could include, but are not limited to, print media, brochures, broadcast media, etc. Only marketing and advertising costs should be reflected. Funds requested will require a 50/50 match by the applicant. Marketing expenditures are defined as money spent on direct advertising in print, social, and/or online promotions.
- Provide details regarding how the financial impact was quantified. Indicate how many day-trippers and overnight stays are anticipated. Room Nights generated includes pre and post event site visits, planning trips, set-up contracts, etc.



## Guidelines for Submitting Application (Continued)

### Performance Measurements:

- Describe what plans the organization has put into place to ensure continued success of the project; as well as, what steps will be taken in order for the project to become self sustaining? (note: It is the desire of the committee to support new and innovative tourism related events and festivals. For that reason, applicants should find ways to become self-sustaining.)

**Itemize Total Expected Project Costs:** This section should include itemized, detailed list of advertising and marketing expenditures including name of publication, description of ad and cost. Reimbursements will not be given for expenses not included in this section.

**List All Sources of Funds for the Proposed Project:** Please include projected sources of funding including but not limited to H-Tax funds, private funds, sponsorships, etc.

### Returning Applicants Only:

- If your organization has been funded through the York County Hospitality Tax Fund within the past 5 years, please provide appropriate information for each year monies were received.
- Please provide summary of advertising efforts from previous events.

**Scoring:** An Evaluation Matrix will be used to score each application. An application must score a minimum of 70 points to qualify for funding. A copy of the evaluation form is attached.



# Guidelines for Reimbursement

All projects must be completed and reimbursement request sent to the Finance Director, Beth Latham, within 60 days of your completion date. If your project extends through the fiscal year, all documentation should be submitted by June 15, 2016.

Projects are considered complete when you have provided copies of the following:

- 1. Reimbursement Request** - Complete form as indicated. Please ensure totals are correct and the Project Director has signed the form.
- 2. Paid Dated Invoices** - Submit legible photocopies of itemized invoices, reflecting date, description and dollar amount. Monthly statements are not acceptable unless they contain the same pertinent information listed on invoices. Organizations that use an advertising agency to place advertisements must also provide copies of the media invoices.
- 3. Cancelled Checks** - Attach a legible photocopy of the cancelled check(s) to the appropriate invoice to certify proof of payment. Your cancelled check should reflect payment for items that are strictly related to the project. If your check includes non-related expenses, supporting invoices are required.
- 4. Proof of Performance –**
  - Attach original or PDF file of media tear sheet from newspaper/magazine advertisement to the appropriate invoice and cancelled check.
  - Submit a photograph of each posted billboard and a screenshot of all online advertising.
  - Include a copy of the broadcast media affidavit for television and radio commercials.
  - Delivery report for web based media including impressions delivered and clicks as well as site engagement if available.



# INSTRUCTIONS

**PLEASE READ AND REVIEW CAREFULLY!**

## Instructions for Submitting Application

All applications should be typed. If **manually** completing application, PRINT application, complete all requested information. Please email one electronic copy to Beth Latham, Finance Director at [beth.latham@yorkcountygov.com](mailto:beth.latham@yorkcountygov.com) then mail One (1) original and (12) copies of the application to Hospitality Tax Grant Application, c/o Beth Latham, Finance Director, PO Box 116, York, SC 29745; **OR** hand delivered to 18 West Liberty Street, York, SC. If **electronically** completing application, SAVE application to your computer. Use the *Tab* key to proceed through the fields to enter all requested information. The content of each section is not limited to the characters on the original application. Please email one electronic copy to Beth Latham, Finance Director at [beth.latham@yorkcountygov.com](mailto:beth.latham@yorkcountygov.com) then mail One (1) original and (12) copies of the application to Hospitality Tax Grant Application, c/o Beth Latham, Finance Director, PO Box 116, York, SC 29745; **OR** hand deliver to 18 West Liberty Street, York, SC.

**Applications submitted on any other form will not be considered for funding.**

### CHECK THE FOLLOWING BEFORE AND AFTER COMPLETING THE APPLICATION

1. Have you read the York County 35.134 Am. Ord. 3108 6-16-08 to ensure your project is eligible for Hospitality Tax funding?
2. Have you provided a detailed list of budget expenditures for your project?
3. Is the information complete and accurate and has "N/A" been entered on items not applicable?
4. Have you attached financial statements for the last three (3) years or for the period of time for which the organization has been in operation if less than three (3) years? (The organization must have been in operation for at least one (1) year.)
5. Has the application been **SIGNED BY AN AUTHORIZED OFFICER** of the organization?

**Having read the above instructions, you are now ready to proceed to the Hospitality Tax Grant Application.**



# Hospitality Tax Grant Application

Project Information	
Project Start Date	Grant Request Amount
Project Completion Date	Date Submitted
Project Name	
Project Address/Location	
Organization Information	
Organization	
Type of Organization (Private/Gov't/Not-for-profit/501C/other -specify)	
Federal Tax ID Number	
Contact	
Mailing Address	
City ST ZIP	
Telephone	Cell
Fax	E-Mail
How long has this organization or corporation existed? _____ Year(s) <b>(Must be at least one year.)</b>	

### **Project Description and Goals**

Describe the project and its tourism mission. What is the benefit to the community? How is it unique?

### **Tourist Information**

What is the estimated number of tourists to be attracted by this project? \_\_\_\_\_

Explain how the number of tourists will be calculated (surveys, forms, license plates, ticket sales, etc); How many day-trippers and overnight stays (room nights) are anticipated? If there are no hotels currently located in the immediate area, how many overnight stays would be generated if there is hotel available in the future?

Describe your marketing plan by identifying your target audience (s), including relevant demographic, geographic, timing of efforts; explain why this is your target audience(s); what specific marketing strategies and platforms will you use to influence your target audience(s) (such as print, TV, digital advertising, public relations, website, etc).

What is the total marketing budget and anticipated financial impact of this project on tourism-related businesses in York County?

Explain how this financial impact was determined.

### **Performance Measurements**

What performance measures will you use to determine the success of your advertising and marketing efforts?

What steps will be taken to ensure these costs are covered in future years?

**Itemize Total Expected Project Costs**

Print Media (Magazine, newspaper)

Name of Publication	Description	Cost

Collateral Material (brochures, rack card)

Description & Quantity	Design Cost	Print Cost

Broadcast Media (radio, television, billboard)

Name of Media	Flight Dates	Cost

Other

Description	Size	Cost

**Total Cost of Project**

**List All Sources of Funds for the Proposed Project**

<b>Sources of Funds</b>	<b>Indicate Status of Funds (Proposed, Requested, or Approved)</b>	<b>Dollar Amount</b>
Hospitality Tax		
Accommodations Tax		
Private Funds (please list)		
Contributions (please list)		
SC Tourism Funding		
Sponsorships (please list)		
Other (please list)		
<b>Total Budget</b>		

**Returning Applicants Only**

If previously funded by H-Tax funds, please provide appropriate information for each year monies received.

<b>Year</b>	<b>Amount Funded</b>	<b>Direct Spending</b>
2015		
2014		
2013		
2012		
2011		

**Returning Applicants Only**

Please provide a summary of your advertising efforts including both successes and failures.

### Statement of Assurances/Certification

Upon grant application acceptance and funding award, applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised shall be conducted in a manner that provides maximum competition. The grant recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by York County upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change/and or variation must be reported immediately, otherwise funding may be withheld.

Applicant Signature

Printed Applicant Name

Date

**For Hospitality Tax Advisory Committee Use**



<p>Eligibility</p> <p><input type="checkbox"/> Received by deadline</p> <p><input type="checkbox"/> Proof of non-profit status</p> <p><input type="checkbox"/> Appendices complete</p>	<p>Ineligible: (Comments)</p>
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General Information	Maximum Points		Points Awarded	Comments
Followed Guidelines	5			
Thoroughness	5			
Supporting Documents	<u>10</u>			
Total:	20			
Description and Goals	Maximum Points		Points Awarded	Comments
Tourism Mission	10			
Community Benefit	5			
Uniqueness/ Innovation	10			
Comprehensive Marketing Plan	<u>10</u>			
	35			
Budget Informaiton	Maximum Points		Points Awarded	Comments
Grant History	5			
Complete Budget	10			
Proof of Partnerships	<u>10</u>			
	25			
Measurement of Success	Maximum Points		Points Awarded	Comments
Proof of follow through	10			
Long-term funding plan	<u>10</u>			
	20			
<b>Proof of Restaurant Patronage</b>	<b>+10 bonus</b>			

Additional Comments: