

1.1% HOSPITALITY TAX FUND APPLICATION

All applications must be fully completed and received by:

5:00 PM, January 10, 2023

Completed applications can be delivered to the address below or sent by email to the following address: jphillips@cityofbeaufort.org. For more information contact Jay Phillips, HTAX Administrator, (843) 525-7071.

**City of Beaufort
Finance Department
1911 Boundary Street
Finance Department
Beaufort, SC 29902**

Instructions, Policies and Procedures

1. Hospitality tax funds are for use by non-profit organizations, 501C3 and 501C6.
2. All areas of the application must be completed. Incomplete applications will be deemed unresponsive and will not be considered for funding.
3. Applications may be submitted in hard copy format or by email as an attachment in Portable Document Format (PDF).
4. Applications must include a description of the intended use of the funds for advertising to increase tourism and support the local economy that best achieves City Council's strategic goals and purposes.
5. City staff will review the applications and submit recommendations for awards to City Council.
6. City Council will announce the awards during a Regular Meeting.
7. Approved funding will be issued within ten calendar days from the date of approval.
8. Hospitality tax funds are public funds and as such recipients of such funds must follow all applicable procurement policies and procedures of the City.
9. All organizations receiving Hospitality Tax funding are subject to an audit.

CITY OF BEAUFORT

1.1% HOSPITALITY FUNDS APPLICATION

1. Name of Applicant/Organization: _____

2. Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip)

3. Director: _____

Treasurer or Administrative Official: _____

Telephone #: _____ Email Address(s): _____

4. Hospitality Tax Funds Requested: \$ _____

5. Intended Use of Funds _____

6. Applicant Tax Exempt Status. Selection the organization status and provide sufficient documentation (ex. South Carolina Business Entity Profile, IRS Tax Letter of Exempt Status, etc.)

_____ Non-profit organization registered with the Secretary of South Carolina

_____ Eleemosynary organization established under IRS Code 501 (c) 3,4,5,6,7,10

_____ Other Non-profit organization

7. Federal Employee Identification number (EIN): _____

8. Provide the information below as an attachment to your application:

a. A detailed explanation of the intended use of hospitality tax funds. **The HTAX Advisory Committee must know specifically how you intend to spend your award.**

b. Describe how the proposed expense relates to increase tourism and the support the local economy that best achieves the [City Council's strategic goals and purposes](#).  Click on the link to review the strategic goals on page 5 or copy and paste the web address below into your internet browser.

https://www.cityofbeaufort.org/DocumentCenter/View/6506/Beaufort-Strategic-Plan_2021_LATEST_FINAL

SIGNING THIS DOCUMENT CONSTITUTES A STATEMENT OF INTENT TO COMPLY WITH ALL 1.1% HOSPITALITY FUND ALLOCATION GUIDELINES, INCLUDING THE REQUIREMENT TO FOLLOW THE CITY OF BEAUFORT'S PROCUREMENT POLICIES AND PROCEDURES AS OUTLINED IN THE PACKET INSTRUCTIONS.

I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Organization Director: _____ **Date:** _____

I _____ have read the 1.1% HOSPITALITY FUNDS APPLICATION INSTRUCTIONS and fully understand the intended purpose and use of the funds. I acknowledge that a misrepresentation of the required information or failure to provide required information will remove me from consideration of the award of Hospitality Tax Funds.

Printed Name

Signature

Organization

Date