CITY OF BEAUFORT
1.1% HOSPITALITY FUNDS APPLICATION

All Applications must be fully completed and received by March 8, 2024.

Completed applications can be delivered to City of Beaufort, Finance Department, 1911 Boundary Street, Beaufort, SC 29902 or sent by email to jphillips@cityofbeaufort.org. For more information contact Jay Phillips, HTAX Administrator, (843) 525-7081.

Beaufort Code of Ordinances Sec. 7-13003 Hospitality Fee

(2) One and one-tenth (1.1) percent shall be available through appropriation, for advertising to increase tourism and revitalization of the downtown economy. The allocation will be awarded by the Beaufort City Council through the annual budget process, based on budget presentation of certain non-profit organizations invited by city council to present. The presentation to the city council will be conducted during the normal budget period. An allocation of these funds shall be based on the objectives that best achieve city council goals and purposes.

Link to City of Beaufort Strategic Plan
https://www.cityofbeaufort.org/704/Strategic-Plan-2023-2025

Instructions, Policies and Procedures
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 be emailed 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 the City Council’s strategic goals and purposes.
5. City staff will review the applications and submit recommendations for awards to the City Council.
6. The City Council will announce 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 are subject to a financial audit.
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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: _____________________

4. Hospitality Funds Requested: $___________

5. Intended Use of Funds:
_________________________________________________________________

6. Applicant Tax Exemption Status. Selection of the organization’s status and 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 (HTAX) funds. The HTAX advisory
      committee must know specifically how you intend to use the funds.

   b. Describe how the proposed expense relates to increased tourism and support of the local
      economy and best achieve the City’s goals and purposes.
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 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 tax instructions APPLICATION INSTRUCTIONS and fully understand the intended purpose and use of 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