

FY24 Accommodations Tax Grant Final Report Form

Funds Received FY July 1, 2023 – June 30, 2024 Due: July 31, 2024

| Organization: | | | | | | | |
|--|--|----------------------------|--|--|--|--|--|
| Contact: | | | | | | | |
| Phone: | Email: | | | | | | |
| Project Name: | | | | | | | |
| Grant Amount: \$ | Project Dates: | | | | | | |
| Please answer the questions bel concise answer. Reports should | ow. You may add as many extra lines as needed in order to not be hand-written. | give a complete, yet | | | | | |
| | e project as stated in your original application?YesNote any problems you encountered. | o | | | | | |
| 2. How has this project increased | I tourism and visitation to Richland County, especially in the u | nincorporated areas? | | | | | |
| 3. Describe how your project wo | rked with businesses that collect A-Tax in unincorporated Rich | hland County. | | | | | |
| 4. Briefly describe the marketing | efforts to promote your program. Be sure to include how you | ı reached out to tourists. | | | | | |

| 5. | How did your organization determine attendance figures (see below)? Describe methods of tracking attendance and | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|
| to | tourism numbers. Describe methods of for determining meals and overnight numbers. If you have zip code summary | | | | | | | | |
| da | ta, please attach or email to grantsmgmt@richlandcountysc.gov. | | | | | | | | |
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| PR | OJECT SUMMARY DATA: | | | | | | | | |
| Pr | ovide two years of financial data for the project(s) outlined in your application even if you did not receive A-Tax | | | | | | | | |
| fu | nding in the previous fiscal year. If FY24 is your first program year, mark the FY23 column with N/A. | | | | | | | | |
| | EV 2022 2022 FV 2022 2024 | | | | | | | | |

| | | FY 2022-2023 | FY 2023-2024 |
|---|---|--------------|--------------|
| 1 | Total Amount of Expenditures (total cost of producing program in | | |
| | which you applied for) | | |
| 2 | Amount funded by Richland Co. A-Tax | | |
| 3 | Amount funded by A-Tax from other jurisdictions | | |
| 4 | Amount funded from all other sources (grants, sponsors, | | |
| | donations for the project in which you applied for not including A- | | |
| | Tax funds received) | | |
| 5 | Amount of income generated from the program in which you | | |
| | applied (food/beverage sales, ticket sales, etc.) | | |
| 6 | Total Cash Income Generated (Add lines 2, 3, 4, and 5) | | |
| 7 | Value of In-kind Donations for the project outlined in the | | |
| | grant (please provide back-up detail) | | |
| 8 | Total Revenue (Add lines 6 and 7) | | |

TOURISM DATA:

Provide two years of attendance and tourism data for the project(s) outlined in your application even if you did not receive A-Tax funding in the previous fiscal year. If FY24 is your first program year, mark the FY23 column with N/A.

| | | | FY 2022-2023 | FY 2023-2024 |
|----|--|--|--------------|--------------|
| 9 | Total number of hotel rooms/overnight stays booked as a result of your program/event | | | |
| 10 | 0 Total tourists (those who traveled from outside the County) | | | |
| 11 | Total attending from unincorporated Richland County (including Eastover and Richland County portion of Irmo) | | | |
| 12 | Percentage of attendees for the project(s) outlined in your application from unincorporated areas of Richland County (including Eastover and Richland County portion of Irmo) | | | |
| 13 | Total attending from incorporated Richland County (includes City of Columbia, Forest Acres, Arcadia Lakes and Blythewood) | | | |
| 14 | Percentage of attendees for the project(s) outlined in your application from incorporated areas of Richland County (includes City of Columbia, Forest Acres, Arcadia Lakes and Blythewood) | | | |
| 15 | Total Attendance (Add lines 10, 11, and 13) | | | |

| REQUIRED ATTACHMENTS | |
|--|---|
| Grant Expenses List - Attach an itemized list of experience vendor name, amount, expense purpose, and date paid. | enditures not included in the Mid-Year report that includes |
| cancelled check, bank statement showing a cleared chec | ach grant expenditure. Proof of payment is a copy of a k or credit card receipt. All grant expenses must tie to expenses ould match up to payment requests and original grant budget. |
| Samples of acknowledgement of Richland County's | support. |
| ORGANIZATION SIGNATURE: | |
| Provide signature of official within organization, verifying accurate reports may result in withholding of future gran | g accuracy of above statements. Failure to produce completed, nt allocations. |
| Name | Title |
| Signature | Date |

For questions, please call Matiah Pough, Grants Manager at 803.576.5459.

Richland County Budget and Grants Management P.O. Box 192 Columbia, SC 29202 Fax: 803.576.2138 Email: grantsmgmt@richlandcountysc.gov