FY24 Accommodations Tax Grant Mid-Year Financial Report
Due: January 31, 2024 for grant funds expended July 1 – December 31, 2023.

Organization: ____________________________________________________________

Contact:_________________________________________________________________

Phone: ___________________________ Email: ________________________________

Report Notes:
- Agencies receiving FY24 A-tax funds must complete and submit this form even if no FY24 A-tax grant funds were spent prior to December 31, 2023.
- If your program/event ended prior to January 1, 2024, you must submit an Accommodations Tax Final Report in lieu of the Mid-Year Report.
- Programmatic information will be collected on the Final Report Form once your program is complete.

FY23 H-TAX GRANT MID-YEAR FINANCIAL ACTIVITY

$_________ Amount of County A-tax funds spent between July 1 and December 31, 2023. This number must equal the total of amount of expenses listed on your itemized list of expenditures that is a required attachment to this report.

$_________ Amount of FY24 A-tax funds requested from Richland County between July 1 and December 31, 2023. Reminder that all County grant funds must be spent by June 30, 2024. The amount spent by December 31, 2023 and the amount drawn down by December 31 do not have to match.

REQUIRED ATTACHMENTS

__Grant Expenses List- Please attach an itemized list of grant expenditures that includes vendor name, amount, expense purpose, and date paid. Grantees must submit an itemized list of all A-tax expenses between July 1 and December 31, 2023.

__Copies of valid invoices and proof of payment for each item in the itemized A-tax Expenditure list. Proof of payment is a copy of a cancelled check, bank statement showing a cleared check or credit card receipt. All grant expenses must tie to expenses outlined in the application budget.

Failure to produce completed, accurate reports may result in withholding of future grant allocations.

ORGANIZATION SIGNATURE:
Provide signature of the Authorizing Official within organization, verifying accuracy of above statements and attachments.

____________________________________  __________________________
Name                                              Title

____________________________________  __________________________
Signature                                         Date

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