

**ACCOMMODATIONS TAX FUNDS REQUEST APPLICATION**  
City of Hardeeville, South Carolina

For Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ By: \_\_\_\_\_

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Date: 12-21-2020 Total Project Costs: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

**Project Name:** Hardeeville Indoor Recreation Center Marketing Campaign

**Organization:** Jasper County Chamber of Commerce

Sponsor Name: Jasper County Chamber of Commerce

Title: \_\_\_\_\_

Sponsor Address: PO Box 1267, Ridgeland, SC 29936

Sponsor Phone: 843-726-8126

Contact Name: Kendall Malphrus

Title: Executive Directc

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Description of Project:**

1. General Description:

See Attached

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2. If arts/cultural activity, give specific description of project (attach additional sheets, if needed):

See Attached

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3. Impact on or benefit to tourism (if required under the law):

See Attached

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4. Duration of project: Start Date: February 2021 Completion Date: ongoing

5. Permits required (if any): Does not apply

6. Additional Comments:

none

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**Funding:**

1. Source of funds: Accommodations Tax and the Jasper County Chamber of Commerce

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2. Have you requested funding from other sources or organizations for this project?

no

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If yes, please list sources and amounts.

Does not apply

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3. Contributions to the project by the sponsoring organization:

This is a new and ongoing project, therefore contributions are not able to be determined yet.

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**Financial Information (ADHERE TO STRICTLY):**

1. A line-item budget of the project. (EXAMPLE)

Line Items	Requested	Approved	Expended	Reimbursement to the City
Security	\$750.00	\$750.00	\$700.00	\$50.00
Food	2,500.00	2,500.00	3,200.00	0.00
Advertising	5,200.00	5,200.00	4,550.00	650.00
Total	8,450.00	8,450.00	8,450.00	700.00

2. Most recent fiscal year balance sheet and profit and loss accounting statement.

**Financial Guarantees:**

Provide a copy of official minutes wherein the sponsoring organization approves the project and commits the organization to financial responsibility for carrying it out to the stage of completion contemplated in the application, should funding be approved.

**Prior Recipients Report:** (If you received prior ATAX funds) Attach additional sheets, if needed

1. How did you use the funds?

Does not apply

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2. What impact did this have on the community or benefit tourism? Describe how tourism statistics were captured.

To be determined

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3. Provide the previous two years and current budgets.

New project/ not available

4. Include the **total annual funding** received each year that you applied.

Does not apply

**Additional Comments:** (Attach additional sheets, if needed)

See attached

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Signature: *Kendall Malphrus*

Date: 12-12-2020