



# Hospitality and Local Accommodations Tax Guidelines/Application

**Fiscal Year July 1, 2023 - June 30, 2024**

**TO TOWN OF BLYTHEWOOD HOSPITALITY TAX (H-TAX) AND LOCAL ACCOMMODATIONS TAX (LAT) APPLICANTS:**

Please read and review the following documents as part of the Application Package: Application Guidelines, Application Final Criteria, H-TAX/LAT Application, and Final Report Form.

**Applicants seeking H-TAX OR LAT funding for fiscal year 2023-24 must submit completed applications no later than February 28, 2023** for consideration and approval by Blythewood Town Council. Late and incomplete applications will not be considered.

All projects must be completed during the fiscal year in which they are funded.

**Please pay careful attention to the application guidelines before you begin your application.**

**GRANT TIMELINE**

Request for applications:	January 15, 2023 – February 28, 2023
Application due date:	February 28, 2023
Town budget process:	April – June 2023
Budget Public Hearing	May 22, 2023 (date subject to change)
Grant award notifications:	June 2023
Grant Period:	July 1, 2023 – June 30, 2024
Final Reports:	Due 60 days after event

**INTRODUCTION:**

A 2% Hospitality Tax is collected on all prepared food and beverages sold in the Town of Blythewood. From revenues collected, the Town of Blythewood offers funding through the Hospitality Tax Grant program. These funds may be used for organizations/events/programs that promote the attraction of tourism and dining within the town limits. **Please pay close attention to the following grant guidelines, as they explain organization, program, and event eligibility as well as the purpose/procedures associated with Hospitality Tax funding.**

A local governing body may impose, by ordinance, a local accommodations tax, not to exceed three (3%) percent. However, an ordinance imposing the local accommodations tax must be adopted by a positive majority vote. All proceeds from a local accommodations tax must be kept in a separate fund generated from the imposing entity’s general fund. All interest generated by the local accommodations tax fund must be credited to the local accommodations tax fund. From revenues collected, the Town of Blythewood offers funding through the Local Accommodations Tax Grant program. These funds may be used for organizations/events/programs that promote the attraction of tourism within the town limits. **Please pay close attention to the following grant guidelines, as they explain organization, program, and event eligibility as well as the purpose/procedures associated with Local Accommodations Tax funding.**

**INSTRUCTIONS FOR SUBMITTING AN APPLICATION:**

- A. Completed applications must be submitted no later than **February 28, 2023**
- B. Submitting your original application:
  - Mail to:* P.O. Box 1004, Blythewood, SC 29016, Attn: Carroll Williamson
  - Deliver to:* 171 Langford Road, Blythewood, SC 29016, Attn: Carroll Williamson
  - Email to:* [williamsonc@townofblythewoodsc.gov](mailto:williamsonc@townofblythewoodsc.gov)

If you have any questions or concerns about Hospitality Tax/ Local Accommodations Tax Grant funding, please contact Carroll Williamson at (803) 754-0501.



**BLYTHEWOOD**  
- SOUTH CAROLINA -

**TOWN OF BLYTHEWOOD**

**H-TAX/LAT APPLICATION**

**A. REQUEST AMOUNT INFORMATION**

**FISCAL YEAR: 2023-2024**

**DATE SUBMITTED:**

**AMOUNT REQUESTED: \$**

**AMOUNT FUNDED LAST YEAR: \$**

**B. PROJECT INFORMATION**

**PROJECT/EVENT NAME:**

**PROJECT LOCATION:**

**PROJECT DATE:**

to

/ or  **ONGOING**

**C. ORGANIZATION NAME:**

**FED. ID#:**

**Non-Profit? YES NO**

**IF YES, ATTACH COPY OF IRS DETERMINATION LETTER**

**MAKE CHECK PAYABLE TO: (NAME, ADDRESS)**

**CONTACT PERSON:**

**PRIMARY CONTACT:**

**MAILING ADDRESS:**

**PHYSICAL ADDRESS:**

**PHONE NUMBER:**

**FAX NUMBER:**

**E-MAIL ADDRESS:**

**WEB ADDRESS:**

**D. BRIEF DESCRIPTION OF PROJECT (use additional pages if necessary)**

**E. How will your project attract tourists to the Town of Blythewood?**

F. How many people do you estimate will attend the project/event?

Of the number above, what percentage are tourists?

**\*PLEASE NOTE:** Please list Town of Blythewood as a sponsor on all marketing and publicity materials both print and electronic (posters, newspaper ads, website, radio, Facebook page, etc.) Contact the Town of Blythewood directly for a copy of the Town's logo. Thank you.

G. Additional Comments:

H. **PROJECT EXPENSES** (must match requested amount)

H-TAX/LAT Expenditures	Dollar Amount	Percentage
Total Request		

**ORGANIZATION SIGNATURE**

NAME:

TITLE:

SIGNATURE:

DATE:



# H-Tax/LAT Grant Final Report Form

Funds Received FY July 1, 2022 – June 30, 2023

Due: 60 days after event date

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Project Dates: \_\_\_\_\_

Please answer the questions below. You may add as many extra lines as needed in order to give a complete, yet concise answer.

## PROJECT OUTCOMES

1. Were you able to complete the project as stated in your original application?  Yes  No

Describe project success and state any problems you encountered.

2. How has this project increased tourism and visitation to the Town of Blythewood?

3. Briefly describe the marketing efforts to promote your program. Be sure to include how you reached out to tourists. Attach or include proof of marketing (print ads, photos, flyers, Facebook posts, websites, TV/radio).

4. How did your organization determine attendance figures? Describe methods of tracking attendance and tourism numbers. Describe methods for determining meals and overnight numbers. **If you have zip code summary data, please attach or email to [williamsonc@townofblythewoodsc.gov](mailto:williamsonc@townofblythewoodsc.gov).**

Project Name: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_

Project Dates: \_\_\_\_\_

Please answer the questions below. You may add as many extra lines as needed in order to give a complete, yet concise answer.

**TOURISM DATA:**

Provide attendance and tourism data for the project(s) outlined in your application even if you did not receive H-Tax/LAT funding in the previous fiscal year.

		FY 2023-24
1	Total number of hotel rooms/overnight stays booked as a result of your program/event	
2	Total tourists (those who traveled from outside Blythewood)	
3	Total number of attendees	

**REQUIRED ATTACHMENTS**

**Budget**

A. H-TAX/LAT grant expenditures ONLY

**Copies of valid invoices and proof of payment for each grant expenditure.** 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. **All expenditures should match up to payment requests and original grant budget.**

**ORGANIZATION SIGNATURE:**

Provide signature of official within organization, verifying accuracy of above statements. Failure to produce completed, accurate reports may result in withholding of future grant allocations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For questions, please call Carroll Williamson, Town Administrator at 803.754.0501**

Town of Blythewood P.O. Box 1004 Blythewood, SC 29016 Fax 803.754.0563 Email [williamsonc@townofblythewoodsc.gov](mailto:williamsonc@townofblythewoodsc.gov)