



ACCOMMODATIONS TAX FUNDING APPLICATION

FISCAL YEAR 2025-2026

1. Name of Project: _____

2. Amount Requested: _____

3. Sponsoring Organization: _____

Mailing Address: _____

4. Federal Tax ID #: _____

5. Project Director: _____

Name _____

Title _____

Telephone _____

Alt. Telephone No. _____

Email _____

6. Project Timeline – Beginning: _____ Ending: _____

7. Location: _____

8. What is the total anticipated attendance for this project? _____

9. Of this number, how many are tourists? _____ (Please see criteria for defining

“Tourists” on Page 4.)

10. Project Budget and Application of Funds

(Please enclose a copy of your organization's most recently completed financial audit or financial/bank statement, if no audit has been completed.)

PROJECT COST AND FUNDS REQUESTED	LAST YEAR (ACTUAL)	THIS YEAR (BUDGETED)	NEXT YEAR (PROJECTED)
TOTAL PROJECT COST			
ATAX FUNDS REQUESTED			
ATAX FUNDS RECEIVED			
ATAX FUNDS EXPENDED			

DETAIL OF EXPENDITURES	LAST YEAR (ACTUAL)	THIS YEAR (BUDGETED)	NEXT YEAR (PROJECTED)
TOTAL:			

LIST BELOW ALL SOURCES OF INCOME FOR THIS PROJECT:

INCOME SOURCE	LAST YEAR (ACTUAL)	THIS YEAR (BUDGETED)	NEXT YEAR (PROJECTED)
TOTAL:			

Have you received Accommodations Tax Funding in years prior to last year?

_____ **Yes** _____ **No**

If so, state year _____, amount \$ _____, and purpose _____

_____.

For each award year, did you expend 100% of the Accommodations Tax Funds you received?

_____ **Yes** _____ **No** **If not, please explain:**

11. Type of Organization:

IRS Designation: _____ **501(c) 3:** _____ **Other (specify)**

Please check One:

- ☐ **Government agency, board, commission or political subdivision**
- ☐ **Not-for-profit organization registered with the South Carolina Secretary of State.**

Registration Number: _____

- ☐ **Eleemosynary organization exempt from federal income tax**
- ☐ **A community service club, church, etc.**

12. Date Funds are Needed: _____

13. Accommodations Tax Detail Form

Organization/Event/Project Name:

Project/Event Description:

Nonprofit Status: _____

	Current Year	Next Year (Projected)
Total budget of event/project	\$	\$
Amount funded by City of Easley A-Tax	\$	\$
Amount funded by A-tax from all other sources	\$	\$
Total attendance		
Total tourists**		
**Visitors who live at least 50 miles from Easley.		

14. Project Description: (Please attach additional pages as necessary.)

a. Detailed Description of Project: _____

b. Benefit to Tourism and the Easley Community: _____

c. Estimate Number of Room Nights to be Generated: _____

d. Permits Required: _____

Signed: _____ **Date:** _____

**ORIGINAL APPLICATION MUST BE RECEIVED BY:
5:00 PM, Friday, September 5, 2025**

Submit via mail to:
City of Easley
205 North 1st Street
Easley, SC 29640

Submit via email to:
Emily Lollis, Finance Manager
elollis@cityofeasley.com

Advisory Committee Use Only			
Date Received _____	Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Information Needed _____			

Recommended	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Date Applicant Notified: _____			