

**FY 2023 Accommodations Tax Grant  
Final Report - Reimbursement Request**

You may record information directly on this form or create a separate document for more detailed responses.

**I. PROJECT INFO:**

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

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

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

**II. PROJECT COMPLETION:**

Were you able to complete the project as stated in your original application? \_\_\_\_\_

If no, state any problems you encountered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PROJECT SUCCESS:**

Please share any additional comments regarding the project. (e.g., lessons learned successes, problems encountered, etc.) \_\_\_\_\_  
\_\_\_\_\_

**IV. PROJECT ATTENDANCE:**

Record numbers in table below, as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for projects for current and previous years.

			FY 2022			FY 2023
Total budget of event/project						
Amount funded by A-tax						
Amount funded by A-tax from all sources						
Total attendance						
Total tourists*						

\* Tourists are generally defined as those who travel at least 50 miles to attend; however, the Committee considers every project/event on a case-by-case basis.

**V. METHODS:**

Please describe the methods used to capture the attendance data listed above (license plates, surveys, etc.) \_\_\_\_\_  
\_\_\_\_\_

**VI. PROJECT BUDGET:**

Attach report indicating project revenues and expenses of Accommodations Tax FY2023 grant.

**VII. ORGANIZATION SIGNATURE:**

Provide signature of official within organization, verifying accuracy of above statements.

Name \_\_\_\_\_ Title \_\_\_\_\_

**VIII. FOR INTERNAL PURPOSES ONLY:**

Reviewed By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Selected for Audit: \_\_\_\_\_ Date Audit Completed: \_\_\_\_\_

**Organization Name:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

Event/Project Revenue Projected	_____
Admissions Receipts	_____
Private Donations	_____
City of Beaufort ATAX Requests	_____
Port Royal ATAX Requests	_____
Hilton Head ATAX Requests	_____
Bluffton ATAX Requests	_____
Beaufort County ATAX Requests	_____
Other Area ATAX Requests	_____
<b>Total Revenues</b>	_____

**Expenses:**

Sales Promotions Expenses	_____
Publicity Materials Expense	_____
Newspaper Advertising	_____
Radio Advertising	_____
Magazine Advertising	_____
Television Advertising	_____
Billboard Advertising	_____
Printing	_____
Direct Mail Expenses	_____
Brochure Printing	_____
Flyer Printing	_____
Other Promotional Items	_____
Postage Supplies	_____
Equipment Rental	_____
Service Rental	_____
Entertainment Fees	_____
Speaker Fees	_____
Hospitality Fees	_____
Decorations	_____
Refreshments	_____
Other Expenses (detail below)	_____
_____	_____
_____	_____
_____	_____

<b>Total Expenses</b>	_____
<b>Event Profit (Loss) Total Request for ATAX Grant</b>	_____

Total Request for Reimbursement	_____
---------------------------------	-------

