



## Town of Seabrook Island

2001 Seabrook Island Road  
Seabrook Island, SC 29455  
[townofseabrookisland.org](http://townofseabrookisland.org)

## State ATAX Advisory Committee

Contact Us: (843) 768-9121  
[fallbritton@townofseabrookisland.org](mailto:fallbritton@townofseabrookisland.org)

### FY 2022 Application for State Accommodations Tax Funds Letter of Introduction

The Town of Seabrook Island State Accommodations Tax Advisory Committee will meet on August 19, 2021, at 10:00 a.m. to consider funding applications for Fiscal Year (FY) 2022. Due to the ongoing COVID-19 pandemic, the meeting will be conducted virtually via Zoom. **To be considered for funding, a completed application must be received by the Town Clerk by 12:00 p.m. on Wednesday, July 28, 2021, and you or another responsible person from your organization must participate in the virtual meeting on August 19, 2021, at 10:00 a.m.** An invitation to join the meeting via Zoom will be sent to the email address included on your application form at least 24 hours prior to the meeting. During the meeting, applicants will be provided an opportunity to present their funding requests (no more than five minutes per request) and to answer questions from committee members.

Pursuant to South Carolina law, counties and municipalities are required to use the proceeds of the State Accommodations Tax to promote tourism and provide for tourists primarily within the geographical areas of the county or municipality from which the taxes are collected. **The expenditure of State Accommodations Tax funds must be used to attract or provide for tourists;** expenditures cannot be used for items normally provided by the county or municipality unless the county or municipality has a high concentration of tourism activity. **Eligible types of "tourism-related expenditures" include:**

- (1) Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity;
- (2) Promotion of the arts and cultural events;
- (3) Construction, maintenance, and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities;
- (4) The criminal justice system, law enforcement, fire protection, solid waste collection, and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourists;
- (5) Public facilities such as restrooms, dressing rooms, parks, and parking lots;
- (6) Tourist shuttle transportation;
- (7) Control and repair of waterfront erosion, including beach renourishment; and
- (8) Operating visitor information centers.

For detailed information regarding the expenditure of State Accommodations Tax funds, please refer to the South Carolina Department of Revenue's official advisory opinion contained in "SC Revenue Ruling #98-22" at <https://atax.sc.gov/sites/default/files/Documents/Past%20Policies/Laws%20and%20Procedures/rr9822.pdf>.

Recommendations made by the State Accommodations Tax Advisory Committee must be approved by the Seabrook Island Town Council before funds may be committed to the applicant or dispersed by the Town.

Please return applications by the deadline to:

Town of Seabrook Island, Attn: Town Clerk  
2001 Seabrook Island Road  
Seabrook Island, SC 29455

For more information, please contact Faye Allbritton, Town Clerk, by phone at (843) 768-9121 or by email at [fallbritton@townofseabrookisland.org](mailto:fallbritton@townofseabrookisland.org).



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## State ATAX Funding Application **FY 2022**

Contact Us: (843) 768-9121  
[fallbritton@townofseabrookisland.org](mailto:fallbritton@townofseabrookisland.org)

**APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON WED. JULY 28, 2021**  
**\*\*LATE APPLICATIONS WILL NOT BE CONSIDERED\*\***

1 ORGANIZATION INFORMATION					
Organization Name					
Contact Person	Name		Title		
	Phone #		Email		
Mailing Address	Street				
	City		State		Zip
Website Address					
Year Established					
Organization Type	<input type="checkbox"/> Government Unit (City, County, School) <input type="checkbox"/> For-Profit Business or Organization <input type="checkbox"/> Tax-Exempt Charitable Organization <input type="checkbox"/> Other Tax-Exempt Organization <input type="checkbox"/> Church or Religious Organization <input type="checkbox"/> Unincorporated Association or Group <input type="checkbox"/> Other (Please Specify): _____				
Federal Employee ID #					
If this organization registered with the South Carolina Secretary of State's Office as a Not-Profit Organization?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy of your organization's registration certificate</i>					
If this organization federally exempt under IRS Code 501(c) 3, 4, 5k, 6, 7 or 10?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy of your organization's IRS Tax Exempt Determination Letter</i>					
In the space below, please provide a brief description of your organization's history and mission.					

*Please attach a list of your organization's Governing Body (eg. Board of Directors), Chief Officers and Key Staff.*

2 PROJECT OVERVIEW	
Project Name	
Project Date(s)	
Amount Requested	
Tourism-Related Expenditure Category (Check all that apply)	<input type="checkbox"/> Advertising & Promotion <input type="checkbox"/> Public Facilities <input type="checkbox"/> Promotion of Arts & Cultural Events <input type="checkbox"/> Transportation & Shuttles <input type="checkbox"/> Civic & Cultural Facilities <input type="checkbox"/> Waterfront Erosion & Renourishment <input type="checkbox"/> Public Services <input type="checkbox"/> Visitor Information Centers

Please provide a brief description of the project, including its purpose, goals and objectives.

How will your project promote tourism and/or enhance the tourist trade in the Town of Seabrook Island?

Who is your target audience?

How will you advertise this project to visitors?  
(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Television      | <input type="checkbox"/> Radio                   |
| <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Website                 |
| <input type="checkbox"/> Magazine        | <input type="checkbox"/> Brochures               |
| <input type="checkbox"/> Billboards      | <input type="checkbox"/> Mailers (Out of County) |
| <input type="checkbox"/> Visitor's Guide | <input type="checkbox"/> Other: _____            |

**3 PROJECT IMPACT**

Estimated Attendance	<b>Total Attendance</b>	
	<b>Total # of Tourists/Visitors</b>	

What is the estimated financial impact of this project?  
(How many tourist dollars will be spent in the community?)

What methodology did you use to estimate total attendance, visitor attendance and financial impact?

**4 FINANCIAL INFORMATION**

<b>What is your organization’s annual operating budget?</b>			
<b>What is the estimated budget for this project?</b>			
<b>What are the estimated revenues for this project? ▼</b>		<b>What are the estimated expenditures for this project? ▼</b>	
<i>Source</i>	<i>Amount</i>	<i>Source</i>	<i>Amount</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Please provide a detailed explanation of how your organization will use ATAX funds from the Town.**

**5 OTHER INFORMATION**

**Do you wish to provide any additional comments or information about your project or organization?**

**6 CERTIFICATION**

- (A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.
- (B) I certify that all information contained herein is true and accurate to the best of my knowledge.
- (C) I understand that providing false or fraudulent information may result in the imposition of penalties including, but not limited to, repayment of State Accommodations Tax funds, and any other remedies allowed by law.
- (D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days of the event/activity completion, a full written account of the income and expenditures associated with the project, together with an assessment of the value of the expenditure in promoting tourism.
- (E) If the Town provides funds, I agree to allow a representative of the Town and/or its appointed representative to examine the financial records of my organization insofar as they pertain to this project.
- (F) I hereby declare that this organization carries liability insurance in the amount of \$ \_\_\_\_\_ and hereby agrees to include the Town of Seabrook Island as a named insured for purposes of this project.
- (G) This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project, and do hereby indemnify and hold harmless the Town of Seabrook Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project.

<b>Applicant Signature</b>		<b>Date</b>	
<b>Applicant Title</b>			
<b>Organization Name</b>			