



Town of Seabrook Island

2001 Seabrook Island Road
 Seabrook Island, SC 29455
townofseabrookisland.org

State ATAX Funding Application **FY 2026**

Contact Us: (843) 768-9121
pwiggins@townofseabrookisland.org

APPLICATIONS MUST BE RECEIVED BY 12:00 PM ON **AUGUST 15, 2025**

****LATE APPLICATIONS WILL NOT BE CONSIDERED****

1 APPLICANT INFORMATION	
Organization Name	
Contact Person	
Mailing Address	
Phone Number	
Email Address	
Organization Website	
Year Established	
Annual Operating Budget	\$
Brief description of the organization and its mission	
Which of the following best describes the organization?	<input type="checkbox"/> This organization is tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code <input type="checkbox"/> This organization is established for a benevolent, social welfare, scientific, educational, environmental, philanthropic, humane, patriotic, public health, civic, or other eleemosynary purpose, or for the benefit of law enforcement personnel, firefighters, or other persons who protect the public safety <input type="checkbox"/> This organization has a charitable purpose or appeal as the basis of solicitation <input type="checkbox"/> This organization is a duly authorized political subdivision of the State of South Carolina (e.g. municipality, county, state agency, school district, or public service district).

Pursuant to the South Carolina Solicitation of Charitable Funds Act (S.C. Code of Laws Title 33, Chapter 56), all charitable organizations that solicit contributions or have contributions solicited on their behalf must register with the South Carolina Secretary of State's Office on an annual basis unless they fall under one of the statutory exemptions.

Please attach a copy of your organization's current registration (or exemption) with your application.

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

2 PROJECT OVERVIEW (CONTINUED)

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 (Outside Charleston County) |
| <input type="checkbox"/> Visitor's Guide | <input type="checkbox"/> Other: _____ |

3 GRANT AMOUNT

Amount Requested \$

4 PROJECT BUDGET

What is the total estimated budget for this project? ►			
Estimated Project Revenues ▼		Estimated Project Expenditures ▼	
<i>Revenue Sources</i>	<i>Amount</i>	<i>Project Costs</i>	<i>Amount</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

If awarded, please provide a detailed explanation of how your organization will use Town SATAX funds

5 PROJECT IMPACT		
Estimated Attendance	Total Attendance	
	Total # of Tourists/Visitors	
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?		

6 OTHER INFORMATION
Do you wish to provide any additional comments or information about your project or organization?

7 CERTIFICATION			
<p>(A) I certify that I am authorized to apply for funding and to commit the organization to the terms specified herein.</p> <p>(B) I certify that all information contained herein is true and accurate to the best of my knowledge.</p> <p>(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.</p> <p>(D) If the Town provides funds, I agree to provide to the Town, within sixty (60) days following completion of the project, 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.</p> <p>(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.</p> <p>(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.</p> <p>(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 from any liability in any action at law or equity associated with its support for this project.</p>			
Applicant Signature		Date	
Applicant Title			
Organization Name			