Accommodations Tax Grant Final Report Form
Funds Received FY July 1, 2019 – June 30, 2020
Due: July 31, 2020

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. Reports should not be hand-written.

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 Richland County, especially in the unincorporated areas?

3. Describe how your project worked with businesses that collect A-Tax in **unincorporated** Richland County.

4. Briefly describe the marketing efforts to promote your program. Be sure to include how you reached out to tourists.

5. How did your organization determine attendance figures (see below)? Describe methods of tracking attendance and tourism numbers. Describe methods of for determining meals and overnight numbers. **If you have zip code summary data, please attach or email to grantsmgmt@richlandcountysc.gov.**

PROJECT SUMMARY DATA:

Provide two years of financial data for the project(s) outlined in your application even if you did not receive A-Tax funding in the previous fiscal year. If FY20 is your first program year, mark the FY19 column with N/A.

		FY 2018-2019	FY 2019-2020
1	Total Amount of Expenditures (total cost of producing program in which you applied for)		
2	Amount funded by Richland Co. A-Tax		
3	Amount funded by A-Tax from other jurisdictions		
4	Amount funded from all other sources (grants, sponsors, donations for the project in which you applied for not including A-Tax funds received)		
5	Amount of income generated from the program in which you applied (food/beverage sales, ticket sales, etc.)		
6	Total Cash Income Generated (Add lines 2, 3, 4, and 5)		
7	Value of In-kind Donations for the project outlined in the grant (please provide back-up detail)		
8	Total Revenue (Add lines 6 and 7)		

TOURISM DATA:

Provide two years of attendance and tourism data for the project(s) outlined in your application even if you did not receive A-Tax funding in the previous fiscal year. If FY20 is your first program year, mark the FY19 column with N/A.

		FY 2018-2019	FY 2019-2020
9	Total number of hotel rooms/overnight stays booked as a result of your program/event		
10	Total tourists (those who traveled from outside the County)		
11	Total attending from unincorporated Richland County (including Eastover and Richland County portion of Irmo)		
12	Percentage of attendees for the project(s) outlined in your application from unincorporated areas of Richland County (including Eastover and Richland County portion of Irmo)		
13	Total attending from incorporated Richland County (includes City of Columbia, Forest Acres, Arcadia Lakes and Blythewood)		
14	Percentage of attendees for the project(s) outlined in your application from incorporated areas of Richland County (includes City of Columbia, Forest Acres, Arcadia Lakes and Blythewood)		
15	**Total Attendance** (Add lines 10, 11, and 13)		

REQUIRED ATTACHMENTS

___ Grant Expenses List - Attach an **itemized list of expenditures** not included in the Mid-Year report that includes vendor name, amount, expense purpose, and date paid.

___ Copies of valid invoices <u>and</u> 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.**

___ Samples of acknowledgement of Richland County's support.

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