



FY25 Hospitality Tax Grant Final Report Form

Funds Received FY: July 1, 2024 – June 30, 2025

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 unincorporated Richland County?

3. Provide a detailed description of how your organization serves the citizens of unincorporated Richland County (Transportation, education programs, recreation, discounted programs, etc.)

4. Describe how your project worked with businesses that collect Hospitality Tax in unincorporated Richland County (Any area outside the city limits of Columbia, Forest Acres, Arcadia Lakes and Blythewood).

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

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

PROJECT BUDGET DATA:

Provide two years of financial data for the project(s) outlined in your application even if you did not receive H-Tax funding in the previous fiscal year. If FY25 is your first program year, mark the FY24 column with N/A.

		FY 2023-2024	FY 2024-2025
1	Total Amount of Expenditures (total cost of producing program in which you applied for)		
2	Amount of Richland County H-Tax Grant		
3	Amount funded by H-Tax from other jurisdictions (City, Forest Acres, Lexington, etc.)		
4	Total amount of other sponsorships, donations and grants towards the project outlined in the grant not counting H-Tax funding listed above.		
5	Total amount of sales income generated by project outlined in the grant (ticket sales, product sales, etc.)		
6	Total cash income generated by the project outlined in the grant (add lines 2, 3, 4, and 5 to get total cash income)		
7	Value of in-kind donations towards the project outlined in the grant		
8	Total income for the project outlined in the grant (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 H-Tax funding in the previous fiscal year. If FY25 is your first program year, mark the FY24 column with N/A.

		FY 2023-2024	FY 2024-2025
9	Total number of hotel rooms/overnight stays booked as a result of your program/event		
10	Total number of meals generated by the program/event		
11	Total tourists (those who traveled from outside the County)		
12	Total attending from unincorporated Richland County (including Eastover and Richland County portion of Irmo)		
13	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)		
14	Total attending from incorporated Richland County (includes City of Columbia, Forest Acres, Arcadia Lakes and Blythewood)		
15	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)		
16	Total Attendance (Add lines 11, 12, and 14)		

REQUIRED ATTACHMENTS

___ **Grant Expenses** - 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 and 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

For questions, please call Matiah Pough, Grants Manager at 803.576.5459.

Richland County Budget and Grants Management P.O. Box 192 Columbia, SC 29202 Fax: 803.576.2138 Email: grantsmgmt@richlandcountysc.gov