



2026 Accommodations Tax Funding Application

Applications are due April 10, 2026

**Requests for funds must meet the allocation requirements of
Title 6, Chapter 4, of the S.C. Code of Laws, Accommodations Tax Revenues.**
For more information, visit http://www.atax.sc.gov/laws_procedures.htm

PROJECT TITLE: _____

ORGANIZATION: _____

NON-PROFIT ORGANIZATION: Yes No FEDERAL ID #: _____

(Select one) **Note: For-profit organizations are not eligible to apply**

COUNTY MUNICIPAL 501(c)(3) OTHER: _____

(Select one)

CONTACT/PROJECT DIRECTOR'S NAME: _____

CONTACT'S ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

EVENT WEBSITE: _____

PROJECT CATEGORY: Destination Advertising and Promotion Operation of Visitors Center
(Select one) Tourism-Related Public Services Tourism-Related Facilities
 Tourism-Related Arts & Cultural Events Tourism-Related Transportation

PROJECTED TIMELINE: Beginning date _____ End date _____

ESTIMATED TOTAL PROJECT COST: _____

Amount should reflect the total amount listed on the Income/Revenue Form

TOTAL A-TAX FUNDS YOU ARE REQUESTING: _____

LOCATION OF PROJECT/EVENT: _____

PROJECT DETAILS

(Attach a separate page for items 1 – 6 if needed.)

1. Projected number of event participants: _____

2. Projected number of “tourists” attending event: _____

*(Tourists: “People taking trips outside of their home communities for any purpose, except daily commuting to and from work.”
The SC Tourism Expenditure Review Committee has adopted a guideline set by other travel industry entities, which states
that a tourist is generally one who comes from 50 miles outside of their home.)*

3. Will your project attract people from outside of a 50-mile radius?

Yes

No

4. Describe the methods of how you plan to track the number of tourists attending your event:

5. Include a description of the project:

6. Describe how your project will benefit tourism and the City of Columbia:

7. Explain specifically how accommodations tax funds will be used:

8. Required Attachments:

Attach the following REQUIRED documents to your application.

Incomplete applications will not be evaluated. Repeat applicants need not submit items 4-6.

- | | |
|---|---|
| 1. Attached Expenditures Form | 7. Current financial statement |
| 2. Attached Income/Revenue Form | 8. A list of your current board members |
| 3. Marketing plan adopted by your organization | 9. A list of all paid staff members |
| 4. W-9 Form (1 st -time applicants) | |
| 5. Letter from IRS confirming nonprofit status (1 st -time applicants) | |
| 6. Confirmation of registration with the SC Secretary of State's Office as a nonprofit (1 st -time applicants) | |

STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and conditional approval funding, the applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Accommodations Tax funding shall be retained for a period of three years. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the City of Columbia upon request. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change and/or variation must be reported immediately, otherwise funding may be withheld.

Please indicate you have read: Title 6, Sections 6-4-5(4) and 6-4-10, S.C. Code of Laws, 1976, as amended. [\(click here to view\)](#)

Yes No

Signature of Applicant

Date

RETURN COMPLETED APPLICATION BY:

Email:

Tina.Saxon@Columbiasc.gov

Subject: 2026 Accommodations Tax
Funding Application

