



Town of Kiawah Island
State Accommodations Tax Advisory Committee
Application for Accommodations Tax Funds

Letter of Introduction

The Town of Kiawah Island State Accommodations Tax Advisory Committee will meet on **May 14, 2025 at 10:00 am** to consider new applications for funding for Fiscal Year 2023-2024. The meeting will be held at the Municipal Center Complex located at 4475 Betsy Kerrison Parkway, Kiawah Island, SC 29455 in the Council Chambers. To be considered, the completed application must be received by the Town Clerk by **2:00 pm on April 17, 2025**.

For detailed information regarding how state accommodations tax funds can be spent, please refer to the Department of Revenue's official advisory opinion contained in **SC REVENUE RULING #98-22**. This information is available from the Town Treasurer.

As stated in the law, any money in the Tourism-related Fund must be spent on tourism-related expenditures, which 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 the 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 cost directly attributed by tourists;
5. public facilities such as restrooms, dressing rooms, parks, and parking lots;
6. tourist shuttle transportation;
7. control and repair of waterfront erosion; and
8. operating visitor information centers.

Please note which of the above applies to this application and write the category number on the Tourism Related Expenditure Category line on page 1 of the application. A responsible person from the submitting organization **must** attend the SATAX Advisory Committee meeting (in-person) on **May 14, 2025 at 10:00 am** to present the request /application (limit to five minutes) and to answer committee member questions.

Recommendations from the State Accommodations Tax Advisory Committee must be approved by the Ways and Means Committee and Town Council before funds may be committed to the applicant or dispersed by the Town.

Please retain this cover sheet for your records. For further information, please contact:

Petra Reynolds, Town Clerk
4475 Betsy Kerrison Parkway
Kiawah Island, SC 29455

Phone: 843-768-5101
Email: preynolds@kiawahisland.org
Fax: 843-768-4764



**Town of Kiawah Island
State Accommodations Tax Application**

Fiscal Year 2025-2026

**APPLICATION DEADLINE:
2:00 pm on April 17, 2025**

NAME OF EVENT _____

Date of application: _____ **Amount of request: \$** _____

Tourism Related Expenditure Category (see coverpage for categories): _____

NAME OF APPLICANT: _____

Address: _____

Name and position of person submitting request: _____

Email address: _____

Telephone # _____ **Fax #** _____

Applicant Category: Government Agency _____ Private Business _____ Other _____ (Please Specify)

Please check which tax status applies to your organization:

_____ Not-For-Profit as registered with the Secretary of State of South Carolina

_____ Date of Incorporation _____ Charter # _____

_____ Federal Exempt under IRS Code 501(c) 3, 4, 5k, 6, 7, 10

_____ Date of IRS Tax Exempt Determination Letter _____ (Please Attach)

Federal Employee Identification Number (FEIN) _____ (Required)

If you received funding last year, please complete the attached Accommodations Tax Funding Report along with supporting documentation on how the money was spent. (Required)

Briefly describe your project, and its goals and objectives.

Date(s) of project.

Describe how your project will enhance the visitor and tourist trade on Kiawah Island.

Total estimated attendance: _____

Estimated tourist/visitor dollars to the community: \$_____

Number of tourist/visitors* expected: _____

Number of overnight visitors: _____

Number of room nights expected: _____

Other verifiable objectives: _____

* Tourists are defined as those who travel at least fifty miles to attend.

If requesting funding for marketing promotions, what is the medium, target audience for the promotional package and estimated number of readers?

State Accommodations Tax Application

Fiscal Year 2025-2026

What will it cost to execute this project and what amount is being requested? Provide detailed budget of expenditures and list other sources of funding if applicable. (Including amounts funded from other ATAX sources or organizations)

Is Town support required? If so, describe requirements expected including personnel (i.e. Sheriff’s Deputies, Code Enforcement Officers) and the estimated cost of such activities. Is this cost included in this ATAX request?

Is Kiawah Island Community Association (KICA) support required (i.e. Security)? If so, is this cost included in this ATAX request?

Will funding be requested on a continued basis? Yes_____No_____If yes, how many years?

Other Comments:

Mail Completed Application To:

**Town of Kiawah Island
Attn: Town Clerk
4475 Betsy Kerrison Parkway
Kiawah Island, SC 29455**

Email Completed Application To:

preynolds@kiawahisland.org

State Accommodations Tax Application
Fiscal Year 2025-2026

If the Town provides funds, I agree to provide within sixty (60) days of the event/activity completion, a full written account of the income (e.g. SATAX funds, registration fees, other income sources, etc.) and expenditures associated with the said event/activity, together with an assessment of the value of the expenditure in promoting tourism.

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 event/activity.

This organization assumes full legal responsibility for any suit or action at law or equity, and any or all claims arising from this project/activity, and do hereby indemnify and hold harmless the Town of Kiawah Island and its Accommodations Tax Committee from any liability in any action at law or equity associated with its support for this project/activity.

Signature

Title

Organization

Date

For Office Use Only	
Total Amount Requested \$	_____
Action Taken by SATAX Committee:	
Date of Recommendation	_____ Amount _____ Denied _____
Action Taken by Ways & Means Committee:	
Date of Recommendation	_____ Amount _____ Denied _____
Action Taken by Town Council:	
Date of Approval	_____ Amount _____ Denied _____

Notes: _____

FY2025/2026 Accommodations Tax Funding Report

You may record information directly on this form or create a separate document for more detailed responses.

I. PROJECT INFORMATION:

Organization Name: _____

Project Name: _____

Contact Name: _____ Phone: _____

II. PROJECT COMPLETION:

Were you able to complete the project as stated in your original application? _____

If no, state any problems you encountered.

III. PROJECT SUCCESS:

Please share any additional comments regarding the project. (e.g., lessons learned, successes, problems encountered, etc.)

IV. PROJECT ATTENDANCE:

Record numbers in table below, as requested by the Tourism Expenditure Review Committee. Numbers reflect attendance and funds received for project for current and previous years.

	2023-2024		2024-2025	
			Interim	Final
Total budget of event/project				
Amount funded by A-Tax				
Amount funded by A-tax from all sources				
Total Attendance				
Total tourists*				

*Tourists are generally defined as those who travel at least 50 miles to attend; however, the Committee considers every project/event on a case by case basis.

V. METHODS:

Please describe the methods used to capture the attendance data listed above (license plates, surveys, etc.)

VI. PROJECT BUDGET:

Attach report indicating project expenses of Accommodations Tax FY24-25 grant.

VII. ORGANIZATION SIGNATURE:

Provide signature of official with organization, verifying accuracy of above statements.

Signature

Title

Name

Date