

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization 9-11 Memorial Oconee SC, Inc

B. Address Keowee Fire Department, 115 Maintenance Rd, Salem, SC 29676
Project will be constructed on Hwy. 11 next to new Walhalla High School

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 5,000

B. How will ATAX Funds be used? Completion of the project design and construction, phase 1

C. Estimated percentage of costs directly attributed to attracting or serving tourists? 50%

D. Funds furnished by your organization \$10,000+

Matching Grant <u>Land</u>	Source <u>School District of Oconee County</u>
Matching Grant _____	Source _____
Other Funding _____	Source _____
Other Funding _____	Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

Final Cost is yet to be determined, but expected to be around \$250,000.

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title 9-11 Memorial Oconee SC, Inc

B. Description of project The memorial will utilize a piece of steel from the World Trade Center, a piece of concrete from the Pentagon and dirt from the Shanksville, PA site for a 9-11 Memorial honoring the events of both 9-11 and our local emergency responders. The site will also serve as an education component for the younger generation who did not experience this tragic event.

C. Who will benefit from this project? This will be a National Memorial and will directly impact all citizens.

IV. DATES OF PROJECT

Beginning November 2011 Ending: TBD

V. APPLICANT CATEGORY

Government Entity:

Non-profit Organization: Incorporation date November 7, 2011

Eleemosynary Organization under IRS Code: IRS # 45-3819221

Date of Determination Letter March 24, 2013



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

This project will serve as a National Memorial and be advertised nationally and regionally as a location to visit a 9-11 memorial.

A. How many visitors/participants attended the event last year and are anticipated this year?

N/A

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?

Last Year N/A

This Year N/A

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year : N/A

This Year: N/A

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

This project will be listed nationally as a 9-11 Memorial site as well as have regional promotion.

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) support letters

F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) guest logs, event logs, website tracking

VII. AUDIT

Does your organization perform an independent audit? Yes No

Name of the Auditor: An auditor will be chosen soon.

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Brandon Shirley Title : Chairman
Signature [Signature] Date August 15, 2013
Address 115 Maintenance Road, Salem, SC 29676
Email brandon1703@bellsouth.net Fax No. _____
Phone Number (s) 864-723-2885

B. Alternate Contact Name: _____ Title _____
Signature _____ Date _____
Address _____
Email _____ Fax No. _____
Phone Number (s) _____

OCONEE COUNTY ATAX GRANT 888-1489 APPLICATION FORM FOR TOURISM RELATED PROJECTS

I. APPLICANT

A. Name of Organization Seneca's Half Marathon + 5K
B. Address Shaver Recreation Complex
March 15, 2014

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 5000.⁰⁰
B. How will ATAX Funds be used? TV AD's on WYFF
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 70%
D. Funds furnished by your organization \$5000.⁰⁰
Matching Grant _____ Source _____
Matching Grant _____ Source _____
Other Funding _____ Source _____
Other Funding _____ Source _____

Provide an itemized total budget for your event and an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title _____
B. Description of project _____
C. Who will benefit from this project? Oconee County

IV. DATES OF PROJECT

Beginning Jan 1, 2014 Ending March 15, 2014

V. APPLICANT CATEGORY

Government Entity:
 Non-profit Organization: Incorporation date _____
 Eleemosynary Organization under IRS Code: IRS # _____
 Date of Determination Letter _____

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?



This event is perfect for bringing people into our town from all over the country.

- A. How many visitors/participants attended the event last year and are anticipated this year?
- B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?
Last Year 210
This Year 300+
- C. How many overnight stays were created by this event last year and are anticipated this year?
Last year: unknown
This Year: _____
- D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?
WYFF TV
- E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) pictures, Chamber Letter
- F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) Registration Forms

VII. AUDIT

Does your organization perform an independent audit? Yes _____ No

Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Riley Johnson Title Events Coordinator
 Signature [Signature] Date _____
 Address 221 S. North 1st Street
 Email rjohnson@spuocc.sc Fax No. _____
 Phone Number (s) 804-723-3910

B. Alternate Contact Name: _____ Title _____
 Signature _____ Date _____
 Address _____
 Email _____ Fax No. _____
 Phone Number (s) _____

**OCONEE COUNTY ATAX GRANT
INTERIM PROJECT REPORT**

OCONEE COUNTY ATAX GRANT APPLICATION FORM FOR TOURISM RELATED PROJECTS

I. APPLICANT

A. Name of Organization Museum of the Cherokee in S.C.
 B. Address 70 Short Street
Walhalla, S.C. 29161

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 1000.00
 B. How will ATAX Funds be used? The funds will be used to reprint the brochure "Cherokee Indians in Upstate South Carolina"
 C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%
 D. Funds furnished by your organization \$1000.00
 Matching Grant _____ Source _____
 Matching Grant _____ Source _____
 Other Funding _____ Source _____
 Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Reprint "Cherokee Indians in Upstate South Carolina"
 B. Description of project We would like to reprint the tourist brochure "Cherokee Indians in Upstate South Carolina"
 C. Who will benefit from this project? Local businesses

IV. DATES OF PROJECT

Beginning Sept 2013 Ending November 2013

V. APPLICANT CATEGORY

Government Entity:

Non-profit Organization: Incorporation date Jan 18, 2012
 Eleemosynary Organization under IRS Code: IRS # 90-078631
 Date of Determination Letter Jan 18, 2013



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

The event will encourage tourists to come to Oconee County to visit Native American related sites.

A. How many visitors/participants attended the event last year and are anticipated this year?

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?

Last Year _____
This Year _____

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year : _____
This Year: _____

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

Brochures placed in Welcome Centers, hotels, etc.

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

Letters from Chambers of Commerce

F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics)

guest logs

VII. AUDIT

Does your organization perform an independent audit? Yes ___ No X
Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Walter Lute Title Artist Coordinator
Signature _____ Date Aug 2 2015
Address 65 Hawthorn Road, Matthews, NC 28051
Email walter.lute@att.net Fax No. _____
Phone Number (s) 704-710-9210

B. Alternate Contact Name: Kelly Staggs Title SECRETARY
Signature _____ Date 8.6.2015
Address 102 Broadview ST Seneca, SC 29672
Email Staggs.Kelly@gmail.com Fax No. _____
Phone Number (s) 803-297-2408

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Museum of the Cherokee in South Carolina
B. Address 70 Short Street, Walhalla, SC 29691

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 2000.00
B. How will ATAX Funds be used? The funds will be used to print an informational brochure about the Museum of the Cherokee in South Carolina to promote heritage tourism.
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%
D. Funds furnished by your organization \$2000.00
 Matching Grant _____ Source _____
 Matching Grant _____ Source _____
 Other Funding _____ Source _____
 Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Museum of the Cherokee in South Carolina-heritage tourism brochure
B. Description of project Promote tourist awareness of the only Native American museum in South Carolina: the Museum of the Cherokee in South Carolina
C. Who will benefit from this project? local businesses

IV. DATES OF PROJECT

Beginning September 2013 Ending November 2013

V. APPLICANT CATEGORY

Government Entity:
 Non-profit Organization: Incorporation date Jan 18, 2012
 Eleemosynary Organization under IRS Code: IRS # 90-078631
 Date of Determination Letter Jan 18, 2013



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

The brochure will encourage tourists to come to Oconee County to visit the only Native American museum in our state.

A. How many visitors/participants attended the event last year and are anticipated this year?
2000

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?

Last Year _____
This Year 1000

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year : _____
This Year: 1000

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?
brochures

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) letter from Walhalla Chamber of Commerce

F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) guest logs, website hits

VII. AUDIT

Does your organization perform an independent audit? Yes ___ No X
Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? no

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Luther Kyle Title Director/Creator
Signature [Signature] Date July 21 2013
Address 55 Frankford Road, Walhalla, SC 29691
Email Luther.kyle@bellsouth.net
Phone Number (s) 864-710-9210

B. Alternate Contact Name: Kelly Staggs Title Secretary
Signature [Signature] Date 8-6-2013
Address 102 Woodlandbird St Seneca, SC 29672
Email Staggs.kelly@gmail.com Fax No. _____
Phone Number (s) 864-247-2400

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization: Oconee County Chamber of Commerce

B. Address 105A Ram Cat Alley, Seneca SC 29678

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 3,500

B. How will ATAX Funds be used? To update the Oconee County Chamber of Commerce web site.

C. Estimated percentage of costs directly attributed to attracting or serving tourists? 80%

D. Funds furnished by your organization 20%

Matching Grant	_____	Source	_____
Matching Grant	_____	Source	_____
Other Funding	_____	Source	_____
Other Funding	_____	Source	_____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title **Oconee County Chamber of Commerce Web Site**

B. Description of project

To revise, expand, and update the website in order to increase information about all that is available in Oconee County and freshen the look in keeping with current web design.

C. Who will benefit from this project?

Restaurants, hotels, Bed & Breakfasts, area attractions, festivals, events, & area stores, businesses and industry.

IV. DATES OF PROJECT

Beginning **November, 2013**

Ending **March, 2014**

V. APPLICANT CATEGORY

Government Entity:

X Non-profit Organization: Incorporation date 1906
____ Eleemosynary Organization under IRS Code: IRS # _____
____ Date of Determination Letter _____



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

Research shows that Chambers of Commerce are a trusted source of information and one of the first resources people turn to when considering visiting an area. While there are other websites promoting Oconee County, it is important to provide the tourism information at the site the viewer selects, especially one that has a national reputation for trustworthy information and provides business hour coverage for follow-up telephone questions.

A. How many visitors/participants attended the event last year and are anticipated this year?

In the last 12 months, 20,000 viewers have visited the Oconee County Chamber Web Site.

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?

Data shows that 20% of viewers come from Oconee County (including Clemson). 80% come from:

Rest of South Carolina:	32%
North Carolina:	9%
Georgia:	9%
Florida:	5%
Tennessee:	3%
California:	2%
Other:	20%

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year : No specific data

This Year: No specific data

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

The Chamber website is available, online 24/7 and has a strong search engine ranking meaning the website comes up near the top when visitors Google Oconee South Carolina. Please see Attachment A for screen shots of Google search results showing the Chamber's Web site as the first or second result in response to likely search terms.

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

The website serves as a source of information on restaurants, hotels, bed & breakfasts, shopping and things to do in our area. Other than tracking where visitors to the site come from, there is no way to document how they use the information on the site. Any exposure to Oconee County is positive and helps viewers better understand all Oconee County has to offer – and that results is more visitors to our area.

F. What records will be kept during this event to obtain the above demographic data?

(i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics)

The Oconee County Chamber maintains statistics of viewership and has shown a steady growth over the past four years.

VII. AUDIT

Does your organization perform an independent audit? Yes _____ No X
Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? No

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Hunter Kome Title Chairman of the Board, Oconee County Chamber

Signature _____ Date _____
Address _____
Email _____ Fax No. _____
Phone Number (s) _____

B. Alternate Contact Name: _____ Title _____
Signature _____ Date _____
Address _____
Email _____ Fax No. _____
Phone Number (s) _____

OCONEE COUNTY ATAX GRANT INTERIM PROJECT REPORT

This form is intended for use as a report on the spending of the ATAX funds recently authorized by the PRT Commission. *Please note this report is due within 60 days of the disbursement date of ATAX funds, unless you have completed the project and a Final Report has been filed.* Interim reports are required every 60 days if the project has not been completed. Reports submitted must be original no faxed copies will be accepted.

ORGANIZATION: _____

PROJECT NAME: _____

AMOUNT AUTHORIZED \$ _____

DISBURSEMENT DATE _____

AMOUNT SPENT TO DATE \$ _____

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Oconee Heritage Center (OHC)
B. Address 123 Brown's Square Drive / PO Box 395
Walhalla, SC 29691

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 1,500.00
B. How will ATAX Funds be used? Funds will be used to redesign OHC website to better feature both locations and attract tourists.
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%
D. Funds furnished by your organization 0
Matching Grant _____ Source _____
Matching Grant _____ Source _____
Other Funding _____ Source _____
Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Oconee Heritage Center Website Improvements
B. Description of project (see attached)
C. Who will benefit from this project? (see attached)

IV. DATES OF PROJECT

Beginning ASAP Ending Jan. 1, 2014

V. APPLICANT CATEGORY

Government Entity: _____

Non-profit Organization: Incorporation date May 1999
 Eleemosynary Organization under IRS Code: IRS # 31-1663047
 Date of Determination Letter 8-20-1999

RECEIVED
8-14-13

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

(see attached)

- A. How many visitors/participants attended the event last year and are anticipated this year?
- B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?
 Last Year _____
 This Year _____
- C. How many overnight stays were created by this event last year and are anticipated this year?
 Last year: _____
 This Year: _____
- D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

- E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) _____
- F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) _____

see attached

VII. AUDIT

Does your organization perform an independent audit? Yes _____ No

Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Leslie White Title Director / Curator
 Signature [Signature] Date 8-14-13
 Address PO box 395 Walthalla, SC 29169
 Email info@oconeeheritagecenter.com Fax No. 804-035-2224
 Phone Number (s) 804-035-2224

B. Alternate Contact Name: _____ Title _____
 Signature _____ Date _____
 Address _____
 Email _____ Fax No. _____
 Phone Number (s) _____

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Oconee Preservation Unlimited Stewardship Trust
B. Address 730 Jumping Branch Road
Tamasssee SC 29686

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 8000.00
B. How will ATAX Funds be used? Advertising the Chattooga River festival
outside a 50 mile radius w/ magazine, TV, & Radio Ads
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 30%
D. Funds furnished by your organization \$2000.00
Matching Grant _____ Source _____
Matching Grant _____ Source _____
Other Funding \$30000 Source Chattooga River Festival INC
Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Chattooga River Festival 2014
B. Description of project A Festival Celebrating the Chattooga River, its
environmental impact to our area, and its cultural stance from
a national standpoint
C. Who will benefit from this project? Tourist Related Business and Oconee
County in general as we promote this as a Destination
Area for Travel.

IV. DATES OF PROJECT

Beginning May 7 2014 Ending May 11 2014

V. APPLICANT CATEGORY

Government Entity: _____
 Non-profit Organization: Incorporation date 11 21 2003
Eleemosynary Organization under IRS Code: IRS # _____
Date of Determination Letter Aug 27 2008



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

By focusing on the famous Chattooga River, its 40th anniversary of National Wild & Scenic Status and providing an agenda replete with outdoor activities and a full day Music Festival. CRF is a program able to bring visitors, campers, and overnight stays for this weekend.

A. How many visitors/participants attended the event last year and are anticipated this year?

2000 / 3000 to 4000

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?

Last Year 400
This Year 800

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year: 200
This Year: 400-500

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

Major Newspapers, (Outdoor River & Music Related Magazines), Radio in Major Markets Asheville, Atlanta, Greenville

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

Our website & Facebook Pages are constantly updated reaching a major demographic, making hundreds of contacts

F. What records will be kept during this event to obtain the above demographic data?

(i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) logs will be kept at festival entrance, website hits, advance ticket purchases, hotel contacts for direct stay information

Monthly

VII. AUDIT

Does your organization perform an independent audit? Yes No
Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: EADIE MARTIN Title President OPUS Trust
Signature [Signature] Date 8/7/2013
Address 730 Jumping Br Rd Tamassee SC 29686
Email warj.martin@SC.NACdNet.net Fax No. 864 718 7750
Phone Number (s) 864 557 6168

B. Alternate Contact Name: _____ Title _____
Signature _____ Date _____
Address _____
Email _____ Fax No. _____
Phone Number (s) _____

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Oconee County PRT
B. Address 671 High Falls Road
Seneca, SC 29672

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 5,000
B. How will ATAX Funds be used? Re-build campsites at South Cove park by replacing existing timbers with concrete stacking stone. These funds are for materials only. Labor to be performed by Oconee County.
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 40%
D. Funds furnished by your organization \$10,000+
Matching Grant \$5,000 Source Oconee County PRT
Matching Grant \$5,000+ Source Oconee County labor and equipment use
Other Funding _____ Source _____
Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

Funds will be to purchase stacking stone, gravel and adhesive to build campsite walls

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Campsite renovation project-South Cove
B. Description of project Campsites will be leveled using county equipment and concrete stone will be used to border the campsite areas
C. Who will benefit from this project? Camper's at South Cove County Park

IV. DATES OF PROJECT

Beginning Winter 2013 Ending Winter 2014

V. APPLICANT CATEGORY

Government Entity: _____ |

 Non-profit Organization: Incorporation date _____

 Eleemosynary Organization under IRS Code: IRS # _____

 Date of Determination Letter _____



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

Project will upgrade existing infrastructure to continue to offer exceptional service to our customers.

- A. How many visitors/participants attended the event last year and are anticipated this year?
20,000+ campers
- B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?
Last Year 35%
This Year 35%
- C. How many overnight stays were created by this event last year and are anticipated this year?
Last year : 7,892 camping nights
This Year: 7,900
- D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?
Existing advertising of website, trade shows, direct mail, etc.
- E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) actual workload indicators!
- F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) Monthly reports show camping nights and are tracked.

VII. AUDIT

Does your organization perform an independent audit? Yes No

Name of the Auditor: McAbee, Talbert, Halliday & Co.

- VIII. Will your project be using any funds from another group that received ATAX funds? No

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Phil Shirley Title Director, Oconee PRT
Signature [Signature] Date August 15, 2013
Address 671 High Falls Road, Seneca, SC 29672
Email pshirley@oconeesc.com Fax No. 888-1489
Phone Number (s) 888-1488

B. Alternate Contact Name: _____ Title _____
Signature _____ Date _____
Address _____
Email _____ Fax No. _____
Phone Number (s) _____

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Full Moon Artists c/o Walhalla Chamber of Commerce
B. Address 255 East Bear Swamp Road
 Walhalla, SC 29691

II. FUNDS REQUESTED

A. ATAX Funds Requested
 \$ 2,000

B. How will ATAX Funds be used?

Promoting the December Open Studios with

- postage & postcards using the artists own mailing lists of 2,000+ customers
- rack cards that will be handed out to customers throughout the fall, sent to regional art groups to handout to their membership and placed in businesses that support the artists
- stickers
- advertisements in select publications.

C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%

D. Funds furnished by your organization \$1500

Matching Grant _____	Source _____
Matching Grant _____	Source _____
Other Funding _____	Source _____
Other Funding _____	Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title
 Full Moon Artists December Studio Tour

B. Description of project

Each of the four Full Moon Studios will open their doors to the public Saturday and Sunday December 7th and 8th, 2013. For the purpose of education, awareness and appreciation of the professional local art that is made right here in Oconee County. The studios are owned and operated by Warren Carpenter, Chris Tory, Robin Anne Cooper, Stan DuBose, Mike and Cindy Hart. The studios are located in Seneca, West Union and Walhalla. To fulfill the mission of the Full Moon Artists each of the studios will have a guest artist bringing their art form to exhibit, demonstrate and discuss it with the guests.

Guests will be engaged through demonstrations of woodturning, clay forming, painting, weaving and much more. Guests will be exposed to the wide variety of



materials and methods used to create art. Guest will experience differences in the working studios; from a jewel box where everything is perfectly laid out, to the purpose driven clay barn, the woodworkers dream workshop and a studio which incorporates lots of unusual and different ideas. The primary purpose of this event is to increase the visitor's appreciation of art.

Full Moon Artists was established to build on the synergies of professional artists working together. They felt the need to open the studios on a bi-annual basis. The majority of these artists are well represented by galleries outside of the upstate area. The studio tour exposes guests to the process of art being made and the artists in their environment. Together they can draw more guests during an opening than any one studio could attract on their own. Create bigger impact in giving to non-profits and helping to highlight other local artists.

To date Full Moon Artists have held four studio tours, hosted over twelve different guest artists, participated in four group shows, created a special tree for Hospice's Christmas Tree Festival, created the prizes for the 1st DAR Golf Tournament, and given to various silent auctions. Results astounded the artists, more than 400 guests from 17 states have visited during previous tours. With additional funding they feel the ripple effect could be appreciated by other businesses in Oconee County.

C. Who will benefit from this project?

All of the guests, the artists and local businesses that receive business as a result of the studio tour

IV. DATES OF PROJECT

Beginning December 8, 2013

Ending December 9, 2013

V. APPLICANT CATEGORY

Government Entity:

Non-profit Organization: Incorporation date April 20, 1992

Eleemosynary Organization under IRS Code: IRS # 24015769-1

Date of Determination Letter May 2, 1985

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

During the last four Full Moon Studio Tours we have recorded more than four hundred guests, coming from more than seventeen different states*. While we cannot claim they were all here for the tour, we can claim we were a great part of their visit to the area and they left with a deeper appreciation of art and the local talent.

Because this is a self-guided tour the guests drive their own cars from studio to studio, they get to view some of the other wonderful attractions that we have to offer. Stop and eat between studios and shop.

*See copies of End of the Road Studios guest book attached to this application for verification.

A. How many visitors/participants attended the event last year and are anticipated this year?

Last Year 200+

This Year 400+

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County

last year and are anticipated this year?

Last Year 34

This Year 100+

C. How many overnight stays were created by this event last year and are anticipated this year?

Last year : unknown

This Year: 50+

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?

postcards, email blasts, and ads in select publications

E. What other documentation can you provide demonstrating this event promotes

Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners)

F. What records will be kept during this event to obtain the above demographic data?

(i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics)

We maintain a guest book and will provided website data, along with any appropriate advertising demographics. Additionally we will give each guest a sticker hoping they will wear it all day. This allows merchants to see that guests have been on the tour and are out spending money with them in part because of Full Moon Artists. Because this is a self-guided tour the guests drive their own cars from studio to studio. This travel exposes guests to attractions that our county has to offer. In between studios visits guests eat, shop and fill up with gas at local merchants.

VII. AUDIT

Does your organization perform an independent audit? Yes No

Name of the Auditor: H & R Block - Helen Westmerland

VIII. Will your project be using any funds from another group that received ATAX funds?

NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Robin Anne Cooper Title Artist +
Signature [Signature] Date 8/15/13
Address 255 East Boca Swamp Rd Walhalla, SC 29691
Email robin@endoftheroadstudios.com Fax No. _____
Phone Number (s) 864 506 6116

B. Alternate Contact Name: Stan DuBose Title To Her
Signature [Signature] Date 8/15/13
Address 255 East Boca Swamp Rd Walhalla, SC 29691
Email stan@endoftheroadstudios.com Fax No. _____
Phone Number (s) 864 638 8327

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization Greater Walhalla Area Chamber of Commerce
B. Address PO Box 512 105 W. South Broad St.
Walhalla, SC 29691

II. FUNDS REQUESTED

A. ATAX Funds Requested \$ 7,460.00
B. How will ATAX Funds be used? Advertising through TV, radio, print and social media to outside of Oconee County including but limited to Greenville, Spartanburg, and throughout the Southeast.
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%
D. Funds furnished by your organization approx \$1900 for ads
Matching Grant _____ Source _____
Matching Grant _____ Source _____
Other Funding _____ Source _____
Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title 35th Annual Oktoberfest
B. Description of project Family festival celebrating Walhalla's rich German heritage. Events take place at Sertoma Field and on Main Street
C. Who will benefit from this project? Our merchants, festival vendors, area hotels, b&bs, campgrounds, restaurants, surrounding cities, the City of Walhalla and the Chamber.

IV. DATES OF PROJECT

Beginning October 18, 2013 Ending October 20, 2013

V. APPLICANT CATEGORY

Government Entity:

Non-profit Organization: Incorporation date April 20, 1992
 Eleemosynary Organization under IRS Code: IRS # 24015769-1
 Date of Determination Letter May 2, 1985

RECEIVED
8-14-13

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

The goal is to promote tourism, increase revenue for merchants and vendors ad to celebrate the town's German heritage while showing all Walhalla has to offer.

A. How many visitors/participants attended the event last year and are anticipated this year?
15,000/2012 20,000/2013

B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year?
Last Year 35-40%
This Year 45-50%

C. How many overnight stays were created by this event last year and are anticipated this year?
Last year : 200
This Year: 500

D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?
TV, radio, social media, newspapers and magazines

E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) Letters from restaurant,

F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) The local Rotary club that mans the booths will provide a person at each booth recording the zip code and how they heard about the festival, ie. radio, TV, print, internet. There will also be randaon surveys. We also have a counter on our website to see how many are viewing.

VII. AUDIT

Does your organization perform an independent audit? Yes No
Name of the Auditor: H&R Block-Helen Westmoreland

VIII. Will your project be using any funds from another group that received ATAX funds? No

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Vanessa Penton Title Executive Director
Signature *Vanessa Penton* Date August 15, 2013
Address 105 W. South Broad St., Walhalla, SC 29691
Email director@walhallachamber.com Fax No.
Phone Number (s) 864-638-2727

B. Alternate Contact Name: Duane Wilson Title Oktoberfest Comm. Chair
Signature _____ Date _____
Address 371 Holloway St., Walhalla, SC
Email w_duane@bellsouth.net Fax No.
Phone Number (s) 864-710-2670

- I. **Applicant**
 - A. Name of Organization: **Walhalla Civic Auditorium, Inc.**
 - B. Address: **PO Box 523, Walhalla, SC 29691**

- II. **Funds Requested**
 - A. ATAX Funds Requested **\$22,808.77**
 - B. How will ATAX funds be used? **To purchase advertising in print/online (Greenville News) and radio (WNCW, Spindale, NC and WESC Greenville, SC) and our 2013-14 Season Brochure distributed to all welcome centers in SC. This marketing program is designed to stimulate and increase tourist interest and participation via attendance at WCA events.**
 - C. Estimated percentage of costs directly attributed to attracting or serving tourist **100%**
 - D. Funds furnished by your organization
 - Matching Grant Source

III Narrative Project Description

- A. Project Title **WCA 2013/14 Performance Season "A Year of Celebration."**
- B. Description of Project **To promote our 2013/14 season of shows from 9/1/13 through 6/30/14. These funds will be used to purchase advertising in Western NC and Greenville, SC and print our 2013-14 brochure to be used at SC Welcome Centers.**
- C. Who will benefit from this project? **Increased out of county attendance for our shows will directly contribute to tourism dollars spent in Oconee County hotels, restaurants, retail shops and convenience stores.**

- III. **Dates of Project**
 - Beginning **9/1/13** Ending **6/30/14**

IV. Applicant Category

X Non-profit Organization: Incorporation date June 16, 2003

- VI. How will the project influence tourism in Oconee County **All ATAX fund will be used to advertise our shows outside of Oconee County. Approximately 34% of our audience would now be classified as 'tourist' by the 50 mile radius definition. Through this marketing program we hope to increase our tourism percentage to 38%. What will make this increase even more significant is the fact that we have increased our performance dates from 45 per season to 67.**

How many visitors/participants attended the event last year and are anticipated this year.
LY 8438 TY 10000

- A. How many visitors/participants were from beyond a 50 mile radius of Oconee County last year and are anticipated this year? **LY 34% or 2869 , TY 38% or 3800**
- B. How many overnight stays were created by this event last year and are anticipated this year? **LY 134 TY 169**
- C. How do you plan to advertise this event beyond the 50 mile radius of Oconee County. **Print ads, brochure and radio in Western NC & Greenville, SC. See budget sheet for specifics on media buys.**
- D. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? **The WCA is a destination venue that has the capability of drawing patrons within a 100 mile radius of Walhalla. Last season we produced 30 shows that generated approximately \$122,252.00 in ticket revenue. For venues such as ours the historical multiple factor is for every dollar our patrons spend with us they spend three times that amount at our local restaurants, shops,**



hotels and convenience stores. Using that number our economic impact for Oconee County was \$366,756.00 last season.

Using the same formula for our upcoming season we are planning 67 shows that will generate \$148,000.00 in revenues for us and in turn will generate an additional \$444,000.00 for our local economy. Tourism's economic impact will account for 38% or \$168,720.00 of that total.

- E. What records will be kept during this event to obtain the above demographic data?
For our type of venue attendance/ticket sales is the measure we use to track our success. We keep detailed records of our attendance for each show we produce. This includes general admission sales, season ticket sales and comps. We budget for each show based on our expected costs and anticipated receipts. We use a greeter at all our shows who is responsible for obtaining the zip codes of all attendees as they enter our facility. This provides us with a tracking mechanism to determine where our patrons are coming from. It will also position us to track the success of this seasons marketing campaign in increasing our out of county attendees.

V. Audit

Does your organization perform an independent audit? No

VI. Will your project be using any funds from another group that received ATAX Funds?

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete

- A. Contact Name: Bill Chiusano Title: Ex. Director
Signature: [Signature] Date: 7/19/13
Address: PO Box 523, Walhalla, SC 29691
Email: walhalla.civ1744@bellSouth.net Fax: _____
Phone Number: 864-638-5277
- B. Alternate Contact Name: Nancy Carter Title: Board - PRES.
Signature: [Signature] Date: _____
Address: PO Box 523, Walhalla, SC 29691
Email: walhalla.civ1744@bellSouth.net Fax: _____
Phone number: 864-638-5277

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM
FOR TOURISM RELATED PROJECTS**

I. APPLICANT

A. Name of Organization WESTMINSTER CHAMBER OF COMMERCE
B. Address P.O. Box 155
Westminster, SC 29693

II. FUNDS REQUESTED

A. ATAX Funds Requested \$13,405.00
B. How will ATAX Funds be used? ADVESTISING & MARKETING AND BROCHURES
PROMOTING THE 4th ANNUAL MAYBERRY COMES TO WESTMINSTER
C. Estimated percentage of costs directly attributed to attracting or serving tourists? 100%
D. Funds furnished by your organization 5,000
Matching Grant 5,000 Source CITY OF WESTMINSTER
Matching Grant _____ Source _____
Other Funding 11,000 Source CORPORATE & BUSINESS SPONSORSHIP
Other Funding _____ Source _____

Provide an itemized total budget for your event **and** an itemized budget only reflecting how ATAX funds will be spent. **THIS IS REQUIRED, attach on a separate sheet**

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title "MAYBERRY COMES TO WESTMINSTER"
B. Description of project See attached
C. Who will benefit from this project?
See attached

IV. DATES OF PROJECT

Beginning May1, 2014 Ending May 3, 2014

V. APPLICANT CATEGORY

Government Entity: _____ |
 Non-profit Organization: Incorporation date April 23, 1985
 Eleemosynary Organization under IRS Code: IRS # 57-0801881
Date of Determination Letter _____



VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County?

THE MAYBERRY FAN BASE COVERS A WIDE DEMOGRAPHIC: YOUTH TO SENIORS AS SHOWN BY OUR GUESTS IN 2011, 2012 & 2013. OUR MAYBERRY FESTIVAL ALLOWS US TO SHOWCASE THE VENUES IN OCONEE COUNTY AND AGAIN BRING A LARGE INFLUX OF PEOPLE INTO THE AREA. ALSO THERE'S NO COUNTY OR CITY WITHIN A 200 MILES RADIUS PRODUCING ANY OTHER TYPE OF MAYBERRY EVENT.

- A. How many visitors/participants attended the event last year and are anticipated this year?
8,000 in 2013 at least that number, if not more in 2014. The inclement weather resulted in fewer guests in 2013.
- B. How many of the visitors/participants were from beyond a 50 mile radius of Oconee County last year (2013) 3600 and are anticipated this year (2014) 3500-3800
How many overnight stays were created by this event last year and are anticipated this year?
Last year (2013) : 64 according to surveyed guests. Note: Average visitor spent \$100 @ festival. Economic impact to Oconee Co. would be estimated @ \$150,000 for the weekend. This is based on motel/hotel rooms rented, meals for guests, festival goers' expenditures and gasoline.
- C. This Year (2014): 30-35
- D. How do you plan to advertise this event beyond a 50 mile radius of Oconee County?
TELEVISION AND BILLBOARDS IN THE GREENVILLE, SPARTANBURG, ASHVILLE AND MARKETS; ALSO UTILIZING SEVERAL STATE WIDE AND REGIONAL PUBLICATIONS GEARED TOWARD TOURISM; BROCHURES IN WELCOME CENTERS IN SC & NC.
- E. What other documentation can you provide demonstrating this event promotes Tourism in Oconee County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) See attached
- F. What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) Phone logs from the Chamber of Commerce; web site hits, guests surveys during the event.

VII. AUDIT

Does your organization perform an independent audit? Yes ___ No X
Name of the Auditor: _____

VIII. Will your project be using any funds from another group that received ATAX funds? NO

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete interim reports every sixty days and two final reports at completion of project. All information required for final reporting MUST be detailed when project is complete.

A. Contact Name: Tom Rusk Title: Event Chairman
Signature Tom Rusk Date 08/06/13
Address 136 Jefferson Road, West Union, SC 29696
Email: ruskt@bellsouth.net Fax No. _____
Phone Number (s) 864-638-7426; 407-922-3827

B. Alternate Contact Name: Ray Burroughs Title: Assit. Event Chairman
Signature Ray Burroughs Date 05/06/13
Address 398 Biggerstaff Road, Seneca, SC 29672
Email: rburroughs@bellsouth.net Fax No. _____
Phone Number (s) 864-882-3337; 864-784-1857