



**Community Assistance / Accommodations Tax (CASAT)
Interim / Final Grant Report
Calendar Year 2017**

- Community Assistance
 Accommodations Tax

- Interim Report: for 2017 Recipients – Due July 28, 2017, by 3:00pm (Jan-Jun)
 Final Report: for 2017 Recipients – Due February 23, 2018, by 3:00 pm (Jan-Dec)

Please have final report notarized

Section I: ORGANIZATION INFORMATION

NAME OF Organization:	
Contact Name and Title	
Mailing Address	
Street Address (if different)	
Phone Number:	
Fax Number:	
Email Address:	
How long has your organization been in existence?	

Section II: PERFORMANCE ASSESSMENT

1. Describe all project activities to date. Describe any project changes made from the original grant application.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

--

2. Explain any challenges or obstacles encountered during the implementation of the project:

This section is limited to 880 characters including spaces, which is approximately 125 words

--

SECTION III: FINANCIAL STATUS REORT

In the columns marked "Interim" please list the actual award amounts received and spent (6 months). In the columns marked "Final" please list the actual awards amounts received and spent (12 months).

1. CONTRIBUTED INCOME

SOURCE	INTERIM Jan-Jun 2017	FINAL Jan-Dec 2017
City of Charleston (CASAT)	\$	\$
Other City of Charleston Funding	\$	\$
Other Government Grants	\$	\$
Foundation Grants	\$	\$
Contributions	\$	\$
Memberships	\$	\$
Total Contributed Income:	\$	\$

2. EARNED INCOME/ OTHER REVENUE

SOURCE	INTERIM Jan-Jun 2017	FINAL Jan-Dec 2017
Fees / Sold Services	\$	\$
Publications (Newsletters, etc.)	\$	\$
Concessions and/or Merchandise	\$	\$
Advertising	\$	\$
Space Rental Fees	\$	\$
Special Event Fund Raisers	\$	\$
Other (specify)	\$	\$
TOTAL EARNED INCOME/OTHER REVENUE:	\$	\$
TOTAL INCOME (1 + 2)	\$	\$

3. GRANT EXPENSES (city grant funded)*

SOURCE	INTERIM Jan-Jun 2017	FINAL Jan-Dec 2017
Program Services	\$	\$
Fundraising	\$	\$
General Administrative Costs	\$	\$
Other (specify)	\$	\$
Total Expenses (CASAT):	\$	\$

***Personnel costs are not allowed for Accommodations Tax Grants.**

4. PROJECT/EVENT EXPENSES (funded by other sources)

SOURCE	INTERIM Jan-Jun 2017	FINAL Jan-Dec 2017
Personnel Costs	\$	\$
Program Services	\$	\$
Fundraising	\$	\$
General Administrative Costs	\$	\$
Total Expenses:	\$	\$

COMBINED TOTAL EXPENSES (SECTIONS 3+4)	\$
---	-----------

5. ACCOMMODATIONS TAX SUMMARY DATA (A-tax grant recipients only)

SOURCE	Interim 2017 (Jan-June)	Final 2017 (Jan-Dec)
Total Budget of event or project	\$	\$
Amount funded by A-Tax (City)	\$	\$
Amount funded by A-Tax (All Sources) *	\$	\$
Total Attendance		
Total number of tourists (non-residents)		

***This line should show all A-Tax revenue received from all municipalities and counties including City of Charleston**

I hereby certify that our organization has complied with all laws and statutes including the Americans with Disabilities Act requirements, and has not discriminated against anyone on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin; and that all funds that were received from the City of Charleston were solely used for the purposes set forth in the application. In particular, organizations receiving Accommodations Tax Funding have complied with state regulations requiring funds be utilized only for purposes as set forth in the Accommodations Tax Statute.

Signature of Chief Executive or Executive Director

Date

Print or type Name

Title

Signature of Chief Financial Officer/Board Chairperson

Date

Print or type Name

Title

Witness

SWORN to before me this _____ day of _____, 20_____.

Notary Public for South Carolina

My commission expires

Send 1 original and 2 copies to:

**City of Charleston
Attn: Angie Lucarelli
Budget, Finance and Revenue Collection
116 Meeting Street
Charleston, SC 29401**