

**CITY OF LANCASTER**

**Hospitality Tax Grant Expenditure Report**

**GUIDELINES AND PROCEDURES**

Within thirty (30) days following completion of the project being funded, the Grantee must submit an Expenditure Report documenting all related expenses with copies of checks, invoices, and receipts. The amount and source of matching funds received for the project, if applicable, must also be reported.

The report must show (1) the number of people that attended the event, (2) how many people attended that live outside Lancaster, and (3) information on how this number was determined (such as a sign-in log, counting vehicle tags, etc.).

After the Expenditure Report has been reviewed and approved, a check will be issued by the City’s Finance Department for reimbursement of the previously approved amount.

Expenses not previously identified in the Hospitality Tax Grant Application will not be reimbursed.

The report may be mailed to Hospitality Tax Expenditure Report, City of Lancaster, PO Box 1149, Lancaster, SC 29721-1149, **OR** hand delivered to City Hall, 216 South Catawba Street.

**All allowable expenditures must be for the express purpose of promoting tourism and must apply to the project being funded ONLY.**

NOTE: A **tourist** is defined as a person who does not reside in but rather enters temporarily, for reasons of recreation or leisure, the jurisdictional boundaries of a municipality for a municipal project or the immediate area of the project for a county project.

**CITY OF LANCASTER**

**Hospitality Tax Grant Expenditure Report**

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| Fiscal Year | **FOR OFFICE USE ONLY** |
| Date Submitted | Date Received |
| Amount Funded $ | File Number |
| Total Project Cost $ | Date Reviewed |

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| **Project Information** | | |
| Project Name | | |
| Project Address/Location | | |
| Project Start Date | Completion Date | |

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| **Organization Information** | |
| Organization | |
| Mailing Address | |
| City ST ZIP | |
| Telephone | Cell |
| Fax | E-Mail |

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| --- | --- | --- | --- | --- |
| **Tourist Information** | | | | |
| How many people attended? |  | How many were tourists? | |  |
| Explain how the number of tourists was calculated. | | | | |
| **Detail All Expenditures to be Paid With Hospitality Tax Funds** | | | **Dollar Amount** | |
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| **Total Expenditures** | | |  | |

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| **List All Sources of Funds for the Project** | **Dollar Amount** |
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| Statement of Assurances/Certification | |
| Upon grant application acceptance and funding award, grantee agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maxi­mum open free competition. The grant recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for pri­vate gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the City of Lancaster upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin. None of the funds, materials, prop­erty, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The grantee hereby certifies that the information submitted as part of this Expenditure Report is accurate and reli­able. Any change/and or variation must be reported immediately, otherwise funding may be withheld. | |
| Authorized Signature Date | |
| Printed Name |  |
| Title |  |

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| --- | --- |
| Organization Contact Information | |
| Organization | |
| Contact Person | |
| Mailing Address | |
| City ST ZIP | |
| Telephone | Cell |
| Fax | E-Mail |