MAYOR

Michael D. Fuesser

MAYOR PRO TEM

Edward Brown

CITY MANAGERDalton Pierce, MPA



York City Council Work Session Agenda Monday, October 16, 2023 Meeting at 5:00 PM

CITY COUNCIL

Matt Hickey Marion Ramsey Stephanie Jarrett Charles Brewer Kellie Harrold

CITY CLERK Amy Craig

1. WELCOME AND CALL TO ORDER

MAYOR MIKE FUESSER

2. PRAYER MAYOR PRO TEM ED BROWN

3. PLEDGE OF ALLEGIANCE

MAYOR MIKE FUESSER

- 4. PRESENTATIONS
 - 4.1. United Way Helen Zimmerman
- 5. DISCUSSIONS
 - 5.1 FY23-24 H-Tax Grant Applications COMMUNITY ENGAGEMENT DIRECTOR BECKY MESTAS
 - 5.2 Annexing 1176 Chester Highway Jamie Smith
- 6. ADJOURN

City of York

Memo

TO: Mayor & City Council

FROM: Becky Mestas, Community Engagement Director

MEETING DATE: October 16, 2023

SUBJECT: 2023-2024 Hospitality Tax Grant Applications



GENERAL INFORMATION

Council is being asked to review applications and award funding for the 2023-2024 fiscal year. The purpose of the Hospitality Tax Grant Program is to improve the quality of life and attract more visitors to York through:

- Advertisement, marketing, and promotion of events and other tourism related development;
- Attract tourism leading to dining at restaurants and other eating/drinking establishments;
- Support and highlight the City's historic and cultural venues, recreational facilities, and events.

A summary of the requested funds, along with the grant applications is included for your council review.

STAFF RECOMMENDATIONS

Staff recommends that Council make determination as to the funding allocations for the attached 2023-2024 Hospitality Tax Grant Applications

ATTACHMENT(S):

- A. Olde York Dash at Du5k & Walk-A-Thon 2023
- B. A Nightmare on Congress Street
- C. Veteran's Day Parade
- D. Carolina Christmas Show
- E. Blush Blossom Pictures with Santa
- F. 14th Annual Running of the Turkeys
- G. The Garden Café Holiday Marketplace
- H. Historic Yorkville Holiday Home Tour
- I. Martin Luther King Jr. Parade
- J. March for the Heart 5K
- K. Silver in the City
- L. Will Frederick Memorial Run for the Kids 5K
- M. Pixies Street Con
- N. Taste of York Fall Tennis Tournament

REQUESTED ACTION

No Action Requested

2023-2024	Hospitality	Tax	Grant	Applications

Event	Requesting Organization	Event Date		ey Requested 023-2024	R	Money equested 022-2023		oney Awarded 2022-2023	Re	Check imbursement 2022-2023	In-Kind imbursement 2022-2023	Re	Total eimbursement 2022-2023
Olde York Dash at Du5K & Walk-A-Thon 2023	YMCA	Fri. 10/27/2023	\$	2,750.00	\$	2,650.00	\$	2,650.00	\$	400.00	\$ 1,500.00	\$	1,900.0
Nightmare on Congress	J&K Paints & Pixels	Tue. 10/31/2023	\$	2,455.92	\$	3,028.12	\$	3,028.12	\$	939.15	\$ 1,180.92	\$	2,120.0
Veteran's Day Parade	Amercian Legion Post 66	Sat. 11/11/2023	\$	2,000.00		-	\$	-	\$	-	\$ -	\$	
Carolina Christmas Show Blush Blossom Pictures with	Yorkville Marketplace The Blush Blossom	Thu. 11/9/2023 - Sun. 11/12/2023	\$	8,500.00	\$	9,100.00	\$	9,100.00	\$	5,000.00	\$ 1,775.00	\$	6,775.0
Santa	Boutique	Sat. 11/9/2023	\$	1,000.00	\$	-	\$	-	\$	-	\$ -	\$	
14th Annual Running of the Turkeys	Trinity United Methodiest Church/First Pres.	Thu. 11/23/2023	\$	2,400.00	\$	2,400.00	\$	2,400.00	\$	1,000.00	\$ 1,400.00	\$	2,400.0
Historic Yorkville Holiday Home Tour	e Yorkville Historical Society	Sat. 12/9/2023 - Sun. 12/10/2023	\$	4,004.25	\$	4,800.00	\$	4,800.00	\$	3,415.96	\$ -	\$	3,415.9
MLK Parade	Western York County NAACP	Sat. 1/13/2023	\$	10,000.00	\$	6,500.00	\$	6,500.00	\$	5,000.00	\$ 4,200.00	\$	9,200.0
March for the Heart 5K 2024	Tender Hearts Ministries	Sat. 3/9/2024	\$	5,000.00	\$	4,000.00	\$	4,000.00	\$	1,975.00	\$ 2,400.00	\$	4,375.0
Silver in the City	Palmetto State Airstream Club	Fri. 4/12/2024 - Sun. 4/14/2024	\$	9,000.00	\$	8,000.00	\$	8,000.00	\$	5,073.71	\$ 1,250.00	\$	6,323.7
Will Frederick Memorial Run for the Kids 5K	Lifeway Church	April 2024 TBD	\$	7,000.00	\$	7,000.00	\$	7,000.00	\$	1,378.37	\$ 2,250.00	\$	3,628.3
Pixies Street Con	Pixies Keep Toys and Games	Sat. 4/27/2024 - Sun. 4/28/24	\$	16,700.00		-	\$	-	\$	-	\$ -	\$	
Taste of York Fall Tennis Tournament	Mid-Carolina Tennis Association	Sat. 9/28/2024	\$	1,000.00		-	\$	1,000.00	\$	1,000.00	\$ -	\$	1,000.0
Garden Café Holiday Market Place	Garden Café	November 24 - 25	\$	2,400.00	\$	-	\$	-	\$	-	\$ -	\$	
			\$	74,210.17	\$	47,478.12	\$	48,478.12	\$	25,182.19	\$ 15,955.92	\$	41,138.1



Hospitality Tax Grant Application

Office Use Only
Date Received:
Amount Requested: 2,750
Amount Funded:

A.	Amount you are requesting: \$ 2750
	For: One-time Event Annual or recurring event Other:
	Project Name Olde York Dash at Du5k & Walk-A-THon
	Date(s) of Event 10-127-2023 Location of Event York YMCA (Please attach documentation of venue and date confirmation)
C.	Sponsor Organization: York YMCA
	Contact Name & Title Ron Black, Branch Executive Director
	Address 103 East Madison Street York, SC 29745
	Telephone 803.628.9622 Email ronblack@ymcaup.org
	Tax Status: 501 (c)(3) Years/Months in Existence? 35 Years
	(Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable) Federal ID Number: 57-0335422
	Are you in good standing with both the IRS and the Secretary of State?
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
	All proceeds from this event fund our YMCA First Thursdays Club, a social
	organization of special needs adults in York County. We get together twice
	per month and have parties, trips, outings, events, etc.
_	99% of the activities are free of charge to the participants.
E.	How does this project attract visitors to the area and promote tourism?
	Being the Y helps bring in visitors from other areas. We market to other Ys,
_	run clubs, and other groups in the area because there are potential
	participants that are willing to visit different communities.

. Estimated	d Total Attendance:
Of this tot	tal attendance, what is the estimated number of "tourists" (non-residents) attending 100
the event?	
How will	you measure where your visitors will come from?
We ha	ve required registration forms that ask for personal
inform	nation, including home address.

G. Financial information: Total Project Budget \$

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions

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- · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
- · Sponsorships Sold or Space Rental Fees
- Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	\$500
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify)	
Infrastructure improvements (specify)	\$2,250
Total Requested	\$\$2,750

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: Rougld B Black Title: 09.

ignature: V · V Date: 09 · 29 · 2023

ATTACHMENT 'A'

Title: Olde York Dash at Du5k & Walk-A-THon

This form should be used to submit your application as well as the project report. Itemize Total Expected Project Costs Itemize Individual Expenses Below **Dollar Amount** Security \$2,250 **Shirts** \$1,800 **Marketing Materials** \$2,000 Flashy Items for Dark \$250 Trophies/Prizes \$500 6,800 Total Projected Cost

List ALL Sources o	List ALL Sources of Funds for the Proposed Project						
Source of Funds	Proposed, Requested, Received	Dollar Amount					
Entry Fees		\$2,000					
Sponsors		\$12,000					
Hospitality Grant		\$2,650					
A CARDON COMPANY OF THE PROPERTY OF THE PROPER		* **					
Total Budget		_s 16,650					

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used					
Print Publications (designing, printing, postage for items mailed to attract tourist) Dollar Amount					
Design print and postage	\$500				
Advertising/Promotions/Marketing (design cost, airtime, etc.)					
Entertainment/Speakers/Guest Artist or Instructors					
In-Kind Municipal Services/Security (specify)					
Police (15 officers at \$50/hour for 3 hours)	\$2,250				
Infrastructure improvements (specify)					
(opena)					
Amount Requested (Must equal to the amount in application)	.2,750				



Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	
Amount Funded:	

Amount Funded.
A. Amount you are requesting: \$ 2, 455, 92
B. For: One-time Event Annual or recurring event Other:
Project Name A Nightmare on Congress Street
Date(s) of Event October 31 2023 Location of Event North Congress St. (Please attach documentation of venue and date confirmation)
C. Sponsor Organization: JEK Points & Pixels
Contact Name & Title Joanna Reynolds - Co-owner
Address 31 N. Congress St. York, Sc 29745
Telephone 803-389-lole 83 Email jandkpaints and pixels a gmail com
Tax Status: Years/Months in Existence? (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
Federal ID Number: 81 - 2636474
Are you in good standing with both the IRS and the Secretary of State?
D. Describe the proposed project or activities for which funds are requested and the timetable for implementation:
The event will include great closure from E. Liberty to
Madison there will be a QT, food trucks, haunted pumpokin patch
with farm truck cometery trick or treating of businesses, costume
with farm truck, cometery, trick or treating at businesses, costume contests, pumpkin couring contest, costumed characters, etc.
E. How does this project attract visitors to the area and promote tourism?
This event will (and has) attract families from many cities in
the area Last year we recorded tourists from Rockfill Clove
the area. Last year we recorded tourists from RockHill, Clove Smyrna, Hickory Gove, Gastonia, McConnells & Sharon. It is
a safe & from event for trick-or-treating and many other activities.
a safe & fun event for trick-or-treating and many other activities. People like it when the street is closed, and it brings our community

F.	Estimated Total Attendance: 2500-3,000
	Of this total attendance, what is the estimated number of "tourists" (non-residents) attending
	the event? 400-1,000
	How will you measure where your visitors will come from?
	We will have a check-in table at each end
(of North Congress, where people will be asked to sign the number of people in their group, as well as their zip code.
	to sign the number of people in their snow, as
_	well as their zip code.

- G. Financial information: Total Project Budget \$ 4,065.92.

 Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.
 - 1. EXPENSES: How are funds spent for this project? What are your total expenses?
 - 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract	
Posters & bannar- Walgreens	100.00
Advertising/Promotions/Marketing (design cost, airtime, etc.) Plata Marketing — Faceback ads, etc. Entertainment/Speakers/Guest Artist or Instructors	75.00
DT Kay Berger Pumpkin Patch Set	1,860.00
Police officers ~ 3 \$50 for 6hours	900.00
Infrastructure improvements (specify) VINK fortable Pottles	380,92
Total Requested	\$2 455,92

ATTACHMENT 'A'

Title: A Night nave on Congress Street

This form should be used to submit your application as well as the project report.

1 ms form should be used to submit your application as well as the project report.				
Itemize Total Expected Project Costs				
Itemize Individual Expenses Below	Dollar Amount			
Print Publications-Posters & Banner	100.00			
Advertising marketing - Digital	75.00			
Entertainment - DJ-Ray Berger	350.00			
Entertainment-pumpkin patch set & truck-	650,00			
by left under com				
In-Kind Mujicipal Services - police				
3 @ 50,00 each for le hours -	900.00			
Portable Potties-Pink Portables-Mark Innes	380.92			
4 Portables				
Misc decorations, flyers props, etc.	750.00			
by IXK				
Total Projected Cost	3,205.92			
TOWN TIOUSER COST	Ψ - 1			

List ALL Sources of F	unds for the Proposed Pr	oject
Source of Funds	Proposed, Requested, Received	Dollar Amount
JAK Paints & Pixels - (US)	Proposed estimate	750.00
Hospitality Tax Grant	Requested	2,455.92
Local business sponsors	Proposed & requested	500.00
Individual sponsors	Proposed & requested	300.00
V		
Total Budget		\$4,005.92

ATTACHMENT 'B'

Detail How the Hospitality Tax Grant Funds Will Be/We	re Used
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount
Posters & banner- Walgreens	100,00
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Digital marketing - Facebook ads, etc.	75.00
Entertainment/Speakers/Guest Artist or Instructors	
DJ- Ray Berger-Divine Sounds Unlimited	350,00
DJ-Ray Berger-Divine Sounds Unlimited Pumpkin Patch set & truck, by left, under. com	650.00
In-Kind Municipal Services/Security (specify)	
Police officers - 3 0 50 for 6 hours	900.00
Police officers-3050 for 6 hours Portable Potties-Pink Portables-4	380,92
Infrastructure improvements (specify)	
Amount Requested (Must equal to the amount in application)	,2,455.92

I. STATEMENT OF ASSURANCES/CERTIFICATION

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Name: Joanna Reynolds
Title: Co-owner
Of Jek Paints & Pikels

Signature: Joanna Reynolds
Date: 9-23-2023

We, at J&K Paints & Pixels, are an eligible entity because we are a local small business, located at 31 N. Congress St. in York, SC. We have been in business for 7 years. We are an art and photography studio and provide a variety of services, including paint parties, birthday parties, art lessons, commissioned works, kids club, and photo shoots of all kinds!

Please contact Joanna Reynolds, co-owner, at 803-389-6683 if you have any questions.

Project and Budget Narrative for A <u>Nightmare on Congress Street</u> <u>Tuesday, October 31, 2023</u>

Our projected costs are \$3,205.92 as itemized in Attachment 'A', and our budget is \$4,005.92. Our funding will come from a variety of sources, such as the Hospitality Tax Grant, local business sponsors, individual sponsors, and our own funding. We are offering a variety of sponsorship levels with different incentives. As a small business, we have limited resources and a very small budget to put into this project ourselves, and that is why we are very grateful to the City for any funding that you approve. We are very creative and hardworking, and do a lot of DIY to save expenses. We're excited to see how this event has grown just over the last two years, and have many exciting activities planned for our 3rd year! We think this event is unique to York, and brings our community together, along with bringing in tourists from several different cities and towns, as recorded last year. We love York, and try hard to bring a little bit of fun and pride to our city!

Thank you for any funding that you can provide, and if you have any questions, please call.

Joanna Reynolds, 803-389-6683



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

El.	is certifi	cate does not conter rights to	tne c	erun	cate noider in lieu of such						
PRODUCIN			CONTACT William Mitchell								
BONEY INSURANCE OFFICE, LLC			PHONE (803) 684-4402 FAX (A/G, No): (803) 684-6851								
P.O	. Box 5					E-MAIL ADDRES	will@hana	yinsurance.co	m		
14 8	E. Liberty	St.					INS	URER(S) AFFOR	DING COVERAGE		NAIC#
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		J&K Paint and Pixels				INSURE				***************************************	
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	DESCRIPT	ION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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DESC	RIPTION O	F OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedulo,	may be a	ttached if more s	ace is required)			
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		The Magnolia Room				ACC	ORDANCE WIT	H THE POLICY	Y PROVISIONS.		
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Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	
Amount Funded:	

A.	Amount you are requesting: \$ 2066
	For: One-time Event Annual or recurring event Other:
	Project Name UETERANS DAY PARADE
	Date(s) of Event 1/1/1/23 Location of Event 16/62ANG MEMBING (Please attach documentation of venue and date confirmation)
C.	Sponsor Organization: AMERICAN ALGIN POST 66
	Sponsor Organization: AMERICAN SEGIN POST 66 Contact Name & Title RONNIE TAYLOR TRUSTEE
	Address P.O. Box 541
	Telephone 803 517 0611 Email JRT3938 Q NoTMAIL. Com
	Tax Status: PROF PROF Years/Months in Existence? (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	Federal ID Number:
	Are you in good standing with both the IRS and the Secretary of State?
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
_	PARADE & CERGHONY AT VETERANS PARK
-	
_	
E.	How does this project attract visitors to the area and promote tourism?
_	BRINGS PEOPLE FROM ALL AROUND TO MONOR THE UETERANS
	HONOR THE UETERANS
-	

of this total attendance, what is the estimated number of "tourists" (non-residence event?	ns) alle
ow will you measure where your visitors will come from?	
WORD OF MOUSH	
· •	
inancial information: Total Project Budget \$ 2005	

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

revenues for this project.

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	0
Advertising/Promotions/Marketing (design cost, airtime, etc.)	10000
Entertainment/Speakers/Guest Artist or Instructors	0
In-Kind Municipal Services/Security (specify)	10000
Infrastructure improvements (specify)	
Total Requested	\$

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: Rowwie Jayhor	Title: 9/28/23
Signature:	Date: 9/28/23

ATT	ACHMENT	A	ł

Title: //CRANS ORY PARADE

This form should be used to submit your application as well as the project report. Itemize Total Expected Project Costs				
PORTA JUNN	100'			
PORTA JOHN POLICE OFFICER S ROVERTMENT	10000			
ADVERTHEMENT	100			
	, MET 11-2-2-2-11			
	THE TOTAL CONTROL OF THE CONTROL OF			
	100			
Total Projected Cost	\$ 120b de			

	ist ALL Sources	of Funds for the Proposed Pro	oject
	rce of Funds	Proposed, Requested, Received	Dollar Amount
· · · · · · · · · · · · · · · · · · ·			
	V		
otal Budget			

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used		
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount	
WARRAN THE TOTAL	100	
	7.7	
Advertising/Promotions/Marketing (design cost, airtime, etc.)		
	····	
	7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Entertainment/Speakers/Guest Artist or Instructors		
In-Kind Municipal Services/Security (specify)	100000	
Police OFFICERS		
Infrastructure improvements (specify)		
Amount Requested (Must equal to the amount in application)	11000	



Hospitality Tax Grant Application

accelerations and acceleration	1	Office U	se (Only	married officials.
Date	Rec	wived:_	- Notice and a state	againgto Anthronomology, dentitions a Specialisan	
Amo	unt	Request	ed:	8500	ve rt jang jan de
		Funded			

À.	. Amount you are requesting: \$ 8,500.00
	. For: One-time Event Annual or recurring event Other:
	Project Name Carolina Christmas Show
	Date(s) of Event 11/9/23-11/12/23 Location of Event Yorkville Marketplace (Please attach documentation of venue and date confirmation)
a d'in	(Please attach documentation of venue and date confirmation) Sponsor Organization: Yorkville Marketplace
C.	Contact Name & Title Christopher Holbert
	Address 108 N Congress St York, SC 29745
	Telephone 803-659-5227 Email ymscevents@gmail.com
	Tax Status: Local Business Years/Months in Existence? 4 years
	(Please provide a list of active board members, Secretary of State Letter and iNS designation letter if applicable) 85-2011636
	Federal ID Number:
	Are you in good standing with both the IRS and the Secretary of State?
W%.	
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
	timetable for implementation:
	Live Music Entertainment, Marketing Materials and
	Live Music Entertainment, Marketing Materials and Advertising Banners
	Live Music Entertainment, Marketing Materials and Advertising Banners
	Live Music Entertainment, Marketing Materials and Advertising Banners
Ţ.	Live Music Entertainment, Marketing Materials and Advertising Banners
L a	Live Music Entertainment, Marketing Materials and Advertising Banners How does this project attract visitors to the area and promote tourism?
E.	Live Music Entertainment, Marketing Materials and Advertising Banners How does this project attract visitors to the area and promote tourism? This is a yearly event that has proven to draw over

F.	Estimated Total Attendance	20,000+
	M'thie total attandance what	is the autimated number

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? 15,000+

How will you measure where your visitors will come from?

My google business, material data and research

material from placer, ai marketing

G. Financial information: Total Project Budget S 37,000+

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - Foundation Grant(s) and Individual Contributions
 - Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory C	ategory for Funding		Amount
Print Publications (designing, pr	rinting, postage for items mailed	to attract	
tourist)	e e forme de la companya de la comp La companya de la co La companya de la co		
Advertising/Promotions/Market	ing (design cost, airtime, etc.)		1000
Entertainment/Speakers/Gnest /	Artist or Instructors		4000
In-Kind Municipal Services/See			3500
Infrastructure improvements (sp	ecily)		
Total Requested		FIGURE 1 A STATE OF THE STATE O	_{\$} 8500

ATTACHMENT 'A'

Titler Carolina Christmas Show Budget

This form should be used to submit your application as well as the project report. Itemize Total Expected Project Costs Itemize Individual Expenses Below Dollar Amount **Enclosed Tents** 16,500 Stages & Sound 6,500 Entertainment 5,000 Promotional Items 1000 Graphics -600 Advertisement Banners 1200 **Decorations** 2000 Characters 1500 Police Coverage 3500 37,800 Total Projected Cost

Source of Funds	Proposed, Requested, Received	Dollar Amoun
Sponsorships	Requested	11,300
Vendors/ Exhibitors	Received	18000
H Tax Grant	Requested	8500

I. STATEMENT OF ASSURANCES/CERTIFICATION

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Name: Chri	stopher	Holber	-	Tide			
Signature:	Into	1 %i	MA	Date	09/28	/2023	
V			2.7				

ATTACHMENT B

This form should be used to submit your application as well as the project report.

int Publications (designing, printing, postage for items malled to attract tourist)	Dollar Amoui
form Brands Learning and united to attend united	Monar Amoni
vertising/Promotions/Marketing (design cost, airtime, etc.)	
Banners and Marketing Materials	1000
tertalument/Speakers/Guest Artist or Instructors	
ands and musical performances at Yorkville Marketplace	4000
and downtown at City Market	
	<u> </u>
	3500
11/10: 5PM-8PM 1 Officer	3300
14/14: O/DOALL ODLL O Officer	
11/12: 11AM-3PM - 2 Officers	
rastructure improvements (specify)	
ount Requested (Must equal to the amount in application)	8500



Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	
Amount Funded:	

A. Amount you are requesting: \$
B. For: One-time Event Annual or recurring event Other:
Project Name Pictures with Santa
Date(s) of Event Location of Event (Please attach documentation of Venue and date confirmation) City Market
C. Sponsor Organization: The Blush Blossom Boutique
Jessica Cooke Owner 41 N Congress St
231-268-6440. Email 7
Tax Status: Years/Months in Existence? Theblusholossomboutique a list of active board members, Secretary of State Letter and IRS designation letter if applicable) Federal ID Number: Years/Months in Existence? Years/Months in Existence?
85-059 standing with both the IRS and the Secretary of State? Yes
D. Describe the proposed project or activities for which funds are requested and the timetable for implementation:
To provide the community with free photos
with Santa for the downtown partnership
with Yorville Xmas Show.
E. How does this project attract visitors to the area and promote tourism?
This event will draw traffic to the

downtown businesses from the Xmas

show and surrounding areas.

F.	Estimated Total Attendance:	000
	Of this total attendance what is the	estimated number of "tourists" (non-residents) attending
	the event?	

How will you measure where your visitors will come from?

We will keep count of the number of photos taken with Santa and a sign in sheet to receive tickets.

1000

G. Financial information: Total Project Budget \$

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Amount
600
000
400
100
$_{\rm s}$ 1000 $^{\circ}$

I. STATEMENT OF ASSURANCES/CERTIFICATION

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Name: Jessica Cooke. Owner The Blush

Blossom Boutique

Signature:

Date:

ATTACHMENT 'A'

Title:

This form should be used to submit your application as well as the project report.

	Itemize Total Expected Project Costs	
_	Itemize Individual Expenses Below	Dollar Amount
Pho	to booth rental for 4hrs.	600
San	ta rental for 4hrs.	400
		1000
	Total Projected Cost	\$

List ALL Sources of Funds for the Proposed Project		
Source of Funds	Proposed, Requested, Received	Dollar Amount
Total Budget		\$

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

	This form should be used to submit your application as well as the pro	ject report.	1
	Detail How the Hospitality Tax Grant Funds Will Be/We	re Used	
	Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount	
The	Blush Blossom Boutique will	<u>handle</u>	all
des	ign and print as well as digital		-
mai	rketing for the event.		- -
We	Advertising/Promotions/Marketing (design cost, airtime, etc.) Will rent the Lil Photo Shack p	hoto	
boo	th camper to take the photos.		_
We	Entertainment/Speakers/Guest Artist or Instructors Nave hired a profressional Sar	nta for	-
the	photos		-
			-
	In-Kind Municipal Services/Security (specify)		
			-
	Infrastructure improvements (specify)		- -
	initiasti detaite improvements (specify)		-
			_
	Amount Requested (Must equal to the amount in application)	\$	-
			=



Hospitality Tax Grant Application

Office Use Only
Date Received:
Amount Requested: 2,400
Amount Funded:

A.	Amount you are requesting: \$ 2,400 (in-kind + 1,000)
В.	For: One-time Event Annual or recurring event Other:
	Project Name 14th Annual Running of the Turkeys 5k Run/Walk
	Date(s) of Event Location of Event Trinity Methodist Church/Route is Downtown (Please attach documentation of venue and date confirmation)
C.	Sponsor Organization: 1st Presbyterian, Trinity Methodist, & Episcopal of Good Shepard
	Elizabeth Owen, Member 1st Presbyterian; LeAnne Mellon, Member Trinity UMC
	Address 10 West Liberty Street, York, SC
	Telephone 803-517-7031 Email elizabeth.owen@mortongettys.com
	Tax Status: Non-Profit/Religious Years/Months in Existence? TUMC (1824) 1st Pres (1842) Years/Months in Existence?
	Federal ID Number: EIN:57-0360094
	Are you in good standing with both the IRS and the Secretary of State?
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
	14th Annual Running of the Turkeys 5k will take place Thanksgiving morning 2023 from 8:00 a.m. to
	9:30 a.m. City Police officers will be needed to control traffic while runners run the race route
	downtown York.
E.	How does this project attract visitors to the area and promote tourism?
	The race attracts hundreds in downtown York and, in years past, has had
	participants from as far as Alaska, NY, Ohio, Florida, and throughout York Co.
	Our race is loved by runners for its challenging route and neighborhood
	historic holiday charm. It's a Thanksgiving tradition!

F. Estimated Total Attendance:

500+/-

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? Estimated 50%-/+ are from outside of York, SC.

How will you measure where your visitors will come from?

All participants must register online at www.turkeyraceyorksc.com

Participants are required to include their address on their registration, so

their origin is known upon their registration.

G. Financial information: Total Project Budget \$ 11,700

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent:

Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	
Advertising/Promotions/Marketing (design cost, airtime, etc.)	1,000
Entertainment/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify)	1,400 +/-
Infrastructure improvements (specify)	
Total Requested	_{\$} 2,400

I. STATEMENT OF ASSURANCES/CERTIFICATION

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Name: Elizabeth Owen

Member of 1st Presbyterian Church (Race co-coordinator)

Title:

Signature:

Date: September 24, 2023

ATTACHMENT 'A'

Title: 14th Annual Running of the Turkeys 5k Run/Walk

This form should be used to submit your application as well as the project report. Itemize Total Expected Project Costs	
Itemize Individual Expenses Below	Dollar Amount
See attached 2023 Runnig of the Turkeys Projected Budget	11,700
	PP PROPER AND ADDRESS.
otal Projected Cost	_s 11,700

List ALL Sources of Funds for the Proposed Project		
Source of Funds	Proposed, Requested, Received	Dollar Amount
See attached 2023 Estimated Revenues	for the 14th Annual Running	of the Turkeys 5K Run/Walk
ofal Budget		311,700

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used	
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Online and print advertising, including sidewalk signs for race route	1,000
and downtown advertising of race.	
Our long-sleeve t-shirts are walking advertisements. Our participants wear them througout the year	promoting the race & York.
In-Kind Municipal Services/Security (specify)	
	4.400
City of York police officers are needed during the race to direct	1,400
traffice and to protect our participants. The amount \$1,350 is being requested based upon grants awarded in 2021 and 2022. Race coordinators are unsure of the City police	
resources that are needed and ask that the City Police determine the assistance and and amount needed.	
Infrastructure improvements (specify)	
Amount Requested (Must equal to the amount in application)	_{\$} 2,400

2023 Running of the Turkeys Budget

\$11,700.00	Total Estimated Race Budget
\$1,400.00	Estimated York Police Department Race Day Services (Based upon 2021 Race Grant Award); Actual Personnel Costs are Unknown
\$1,000.00	New Sandwich Style Race Signs for Displaying Race Route and Race Marketing at Host Church Locations — all downtown York (Episcopal Church, TUMC, and First Presbyterian Church)
\$8,000.00	Long-Sleeve Race T-Shirts
\$600.00	Portable Restroom Rental (6 x \$100.00 each)
\$650.00	Race Supplies that are not donated — Start/Finish Sign, Bottled Water, Safety Pins, Post-Race Fruit, Tape, Water cups, granola bars, and other race expenses, winning runner awards, dog bandanas,
\$50.00	Online Paypal Fees

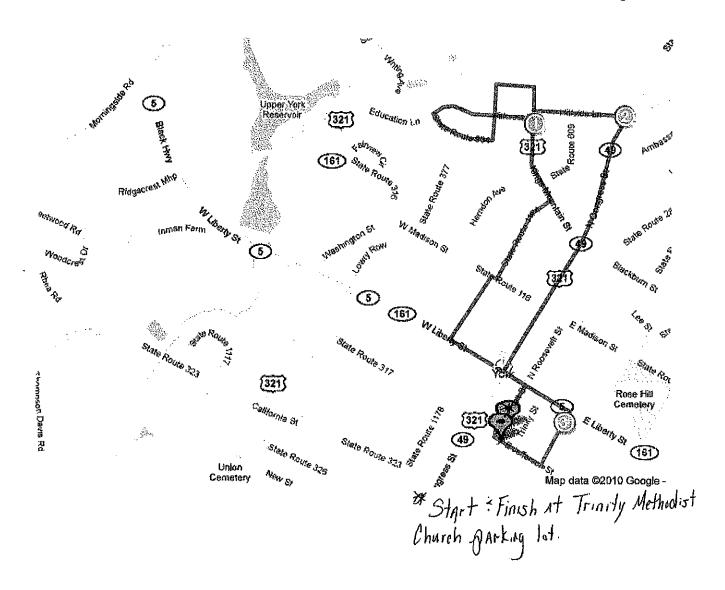
Race Day Schedule of Events for 2023

7:00 a.m. – 8:45 a.m. Race Day Registration at Trinity United Methodist Church (OUTSIDE)

8:00 a.m.- 8:10 a.m. Turkey Strut (Kids Turkey Strut Down 100 yards of Roosevelt Street) (OUTSIDE)

8:10 a.m. to 9:00 a.m. - Running of the Turkeys 5k Run/Walk

- All participants that are unable to complete the race within 50 minutes of beginning the race are asked to get on City sidewalks to complete the race.
 The race ends at approximately 9:00 a.m.
- ALL ASPECTS OF THE RACE WILL BE OUTSIDE.



FIRST PRESBYTERIAN CHURCH

10 West Liberty Street York, South Carolina 29745

Telephone 803-684-2356 Fax 803-684-2347 e-mail: firstpresbyk@comporium.net

ATTN: Rebecca Mestas Community Events Manager PO Box 500 York, SC 29745

To Whom It May Concern:

This letter is to confirm the non-profit status of First Presbyterian Church of York, SC. FPC York is a registered 501(c)3 non-profit organization. The church is part of the Presbyterian Church (USA) denomination and has been serving the York, SC community for nearly 180 years. Please accept this letter as verification of non-profit status.

EIN: 57-0360094

Sincerely,

Rev. Nick Setzer

Pastor of First Presbyterian Church of York, SC

Hospitality Tax Grant Application

Office Use Only
Date Received:
Amount Requested:
Amount Funded:

	For a: One-time Event Annual or recurring event Other: Project Name The Garden Cafe Holiday Marketplace
	Date(s) of Event Location of Event (Please attach documentation of venue and date confirmation)
ı	Sponsor Organization
	Contact Name & Title
	Address
	Telephone Email
	Tax Status: Years/Months in Existence? (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	Federal ID Number:
	Are you in good standing with both the IRS and the Secretary of State?
١.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
ı ib	How does this project attract visitors to the area & and promote tourism?

F. Estimated Total Attendance: 3000

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? 1500

How will you measure where your visitors will come from?

We utilize a "guest book" to track how far our visitors come from	

G. Financial information: Total Project Budget \$____

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	\$1200
In-Kind Municipal Services/Security (specify)	\$1200
Infrastructure improvements (specify)	
Total Requested	\$

ATTACHMENT 'A'

Title	*						
	This form	should be use	d to submit v	your application	as well as	s the project	report.

Itemize To	tal Expected Project Costs	
Itemize Individual Expenses Below		Dollar Amount
Portable Toilets (Wait	ing on official quote)	\$1500
		the state of the s
Total Projected Cost		
	of Funds for the Proposed Pr	
Source of Funds	Proposed, Requested, Received	Dollar Amount
	Total Budget	

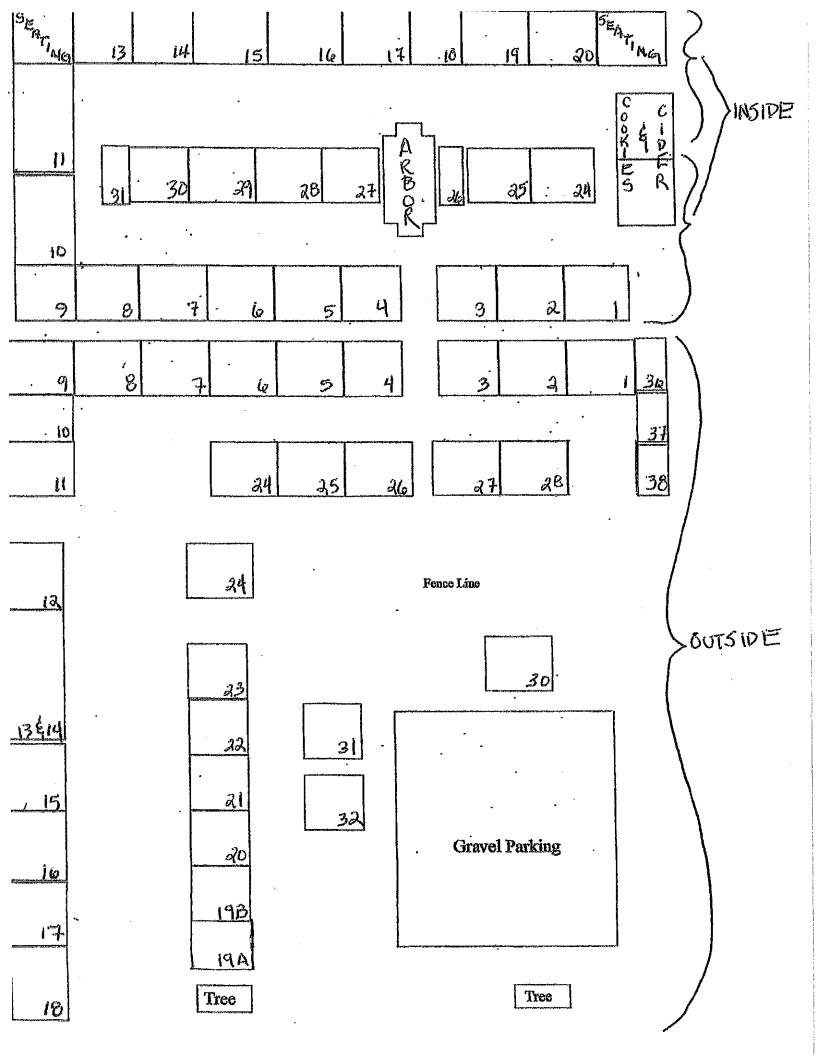
This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/W	ere Used
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
Local Musicians providing live music for event	1200.00
In-Kind Municipal Services/Security (specify)	
Two Officers used for crowd control and parking.	1200.00
Infrastructure improvements (specify)	
Amount Requested (Must equal to the amount in application	

I. STATEMENT OF ASSURANCES/CERTIFICATION

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Name: Teresa James	Title: Owner
Signature: AMM MUM	Date: 10/6/23
John James Commission of the C	According to the state of the s



2023 Garden Café Holiday Marketplace

Friday November 24th 2023

6:00am-8:30am Load In

9:00am Gates Open to Public

10:00am Music Begins

4:00pm Music Ends Show closes for the day

Saturday, November 25th 2023

9:00am Gates Open to Public

10:00am Music Begins

4:00pm Music Ends

4:00pm-6:00pm Load Out



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to its certificate does not confer rights to						may require	an endorsement. A state	ment c	n
	DUCER	uio c	e i ti i i	Gate Holder III lieu of Such	CONTAC		itchell			·
					NAME:	A WITH CALL I IAI	-	I FAY	(0.00) 0	0.1.005.1
BONEY INSURANCE OFFICE, LLC				PHONE (A/C, No. Ext): (803) 684-4402 FAX (A/C, No.): (803) 684-6851				84-6851		
	. Box 5				ADDRE	ss; will@bone	eyinsurance.com	m		
	E. Liberty St.							DING COVERAGE		NAIC#
Yorl	(SC 29745	INSURE	RA: State Au	to Mutuai Insur	ance Co.		25135
INSU	RED				INSURE	RB: Plaza Ins	surance Compa	any	,	30945
	Teresa L James				INSURE	RC:	, , , , , , , , , , , , , , , , , , , ,			
	307 W Liberty St				INSURE	RD:		······································		
					INSURE	/				•
	York			SC 29745-1458	INSURE	······				
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: CL231060172		axi-		REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUE			on	• • •
IN	DICATED. NOTWITHSTANDING ANY REQUI	REMEI	NT, TE	RM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	DOCUMENT V	VITH RESPECT TO WHICH T	⊰IS	
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							JBJECT TO ALL THE TERMS,		
	(CLUSIONS AND CONDITIONS OF SUCH PO	ADDL		ITS SHOWN MAY HAVE BEEN	KEDUC					
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$ 5.00	0
Α				10001531CB		07/01/2023	07/01/2024	PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,00	
	OTHER:							COUTW	\$ 2,00	
	AUTOMOBILE LIABILITY			,				COMBINED SINGLE LIMIT	\$	
	ANYAUTO						 	(Ea accident) 80DiLY INJURY (Per person)	\$	
	OWNED SCHEDULED						i	BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED						}	PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY						ļ	(Per accident)	\$	
					, ,		ļ		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	· · · · · · · · · · · · · · · · · · ·
	DED RETENTION \$,		,					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		10100326WC		10/30/2023	10/30/2024	E.L. EACH ACCIDENT	\$ 100,	000
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	'''		10100020440		10/30/2023	10/50/2024	E.L. DISEASE - EA EMPLOYEE	s 100,	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s 500,	000
									•	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01. Additional Remarks Schedule.	may be a	fached if more er	nace is required)			
				The state of the state of the state of	may be a		sace is reduited,			
CER	TIFICATE HOLDER				CANC	ELLATION				
			•							
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLED	BEFORE
								, NOTICE WILL BE DELIVER	ED IN	
City of York ACCORDANCE WITH 1					Н ТНЕ РОЦІСУ	PROVISIONS,				
	10 N Roosevelt St				0.13-41-6-1					
	Po Box 500				AUTHO	RIZED REPRESEN	NTATIVE			

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York

SC 29745

Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	_
Amount Funded:	

	\$4004.25
A.	Amount you are requesting: \$
В.	For a: One-time Event Annual or recurring event Other:
	HISTORIC YORKVILLE HOLIDAY HOME TOUR Project Name
	128810, HISTORIC 2023 DISTRICT, YOPK, SC
	Date(s) of Event Location of Event
	(Please attach documentation of venue and date confirmation)
_	Yorkville Historical Society
C.	Sponsor Organization
	Melissa Gray (President)
	Contact Name & Title
	P.O. Box 1122, York, SC 29745
	Address
	616-540-1936 yorkvillehistoricalsoclety@gmail.com
	Telephone Email
	Non-
	Tax Status: how profit Years/Months in Existence?
	(Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	(2 reaso provide a list of active soul a members, secretary of state sever and this designation tetter if applicable)
	Federal ID Number: <u>57</u> . 6739481
	Yes
	Are you in good standing with both the IRS and the Secretary of State?
	Visited Services and the tree and poor out of pates.
n	Describe the managed project on activities for all 1.6.
J.	Describe the proposed project or activities for which funds are requested and the

timetable for implementation:

This is a tour of private homes, a downtown business, a church and the Courthouse to be held Dec. 9 & 10, 2023. Funds will be used for advertising and promotional materials including flyers, street banner, yard signs, posters, postcard mailings, tickets, brochures. We are currently getting all items ready to

E. How does this project attract visitors to the area & and promote tourism?

This year marks the 39th year that the YHS has done the home tours. With the help of the H-Tax Grant we were able to significantly grow the event last year bringing increased numbers of visitors which positively impacted the downtown businesses and restaurants. Some businesses saw their best weekend sales

F.	Estimated Total Attendance:	700-10 00	(700-1000)	
----	-----------------------------	------------------	------------	--

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? ________ (3 50 - 500)

How will you measure where your visitors will come from?

Zip Code collection from online and in-person ticket purchases./Visitor Sign-ins

G. Financial information: Total Project Budget \$_41,464_ //, 404.25

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	\$4004.25
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
Entertainment/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify)	
Infrastructure improvements (specify)	
Total Requested	\$4004.25 \$

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: Milissa M. Gray	Title: Resident
Signature:	Date: 9.21.23

ATTA	CHN	IENT	'A'

Yorkville Historical Society

Title:

Itemize Total]	Expected Project Costs	
Itemize Individual Expenses Below		Dollar Amount
Printing of Tour B	ooklets	\$1900.00
Street Banner for East Liberty	(Shared with City)	\$425.00
Banner for Brick Wall at Yor	kville Marketplace	\$450.00
Dbl. sided yard	signs	\$600.00
Flyers and Pos	sters	\$204.25
Postcards and posta	nge (#360)	\$425.00
Homeowner/Docent information and training dinner	(70 persons) plus Homeowner gifts	\$2400.00
Merchandise: mugs, prints, boxed cards,	linen pillow case with artwork	\$3200.00
Luminaries	3	\$350.00
C.O.I.		\$450.00
Printing of Paper	Tickets	\$200.00
Total Projected Cost		\$10,604.25
List ALL Sources of F	unds for the Proposed Pr	oject
Source of Funds	Proposed, Requested, Received	Dollar Amount
Donation of Paper Tickets	Requested	\$200.00
Ad placement in Booklet (various local businesses)	Requested	\$800.00
Luminaries - Donation/YHS	Proposed	\$350.00
Merchandise to sell/YHS	Proposed	\$3200.00
Homeowner/Docent Training Dinner (plus homeowner gifts) - YHS	Proposed	\$2400.00
Printing of all Advertising/promotional materials/Booklet	Requested - H-Tax	\$4004.25
C.O.I. / YHS	Proposed	\$450.00
		\$11,404.25

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amoun
Printing of brochures, flyers, tour booklets, yard signs	
Banner for E. Liberty, Banner for brick wall at Yorkville Marketplace	
Posters, Postcards with postage,	\$4004.25
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
	No. of the second secon
Entertainment/Speakers/Guest Artist or Instructors	
enter talument/Speakers/Guest Artist or Instructors	
In-Kind Municipal Services/Security (specify)	
Infrastructure improvements (specify)	
	\$4004.25



September 21, 2023

The Yorkville Historical Society Holiday Home Tour December 9 & 10. 2023 2:00 p.m. – 6:00 p.m.

This year we will host our 39th Annual Holiday Home Tour featuring 6 lovely homes, Trinity United Methodist Church including their graveyard, The Latta House (Wedding Chapel), the Courthouse, and The Historical Center, all located within the Historic District of York.

We are excited that Dream Carriages of Chester will be offering horse drawn carriage rides departing and returning to the Yorkville Marketplace parking lot. They will be operating during the hours of the tour of Homes. Tickets for the rides will be sold by them, the YHS does not receive any proceeds from this, but we are hoping that with great promotion and advertising more people will be in town and perhaps join the Home Tour.

Additionally local business and restaurant owners are excited for this year's tour. They are looking to provide some promotions such as discounts or special items they will offer for sale during the tour.

Many of last year's attendees came from zip codes outside the York area, most within a150 mile radius, however quite a few from even further. The H-Tax Grant monies that were awarded last year were pivotal for the YHS in our outreach and promotion of the event and York.

We are asking for \$4004.25 in Grant money this year as part of our \$11,404.25 budget. The breakdown is listed in Attachment "A". There is a Total Projected Cost listed as \$10,604.25 with a Total Budget listed as \$11,404.25. The difference in amounts is due to what we hope to have in Ad placement from local businesses in the booklet. These Ads would help to cover some costs should we receive them.

Other sources of funding would include donations for printing of the tickets and donated bags and sand for the luminaria. The YHS will provide monies to purchase items that we will offer for sale such as prints of this year's artwork, mugs, boxed notecards, and linen pillowcase covers with the artwork printed on them, all of which we trust will help the YHS realize some profit. We will also cover the costs for the homeowners 'gifts – total of 10 – plus the dinner for the homeowners and the many volunteer docents (70) that are needed to cover this event. That cost is estimated to be \$2400,00.

We will purchase a C.O.I. to cover the appropriate places for the two days of the tour.

There is a possibility that we will have an antique sleigh that can be used for photo opportunities by professional photographer Jessica Hiott. Again, the YHS will not receive money for those pictures, however, it will be an additional draw for families to come to York.



September 21, 2023

Yorkville Historical Society P.O. Box 1122 York, SC 29745

York City Hall

Attn: Mr.Dalton Pierce, City Manager and City Council Members

10 N. Roosevelt St. York, SC 29745

Dear Mr. Pierce and Council Members,

The YHS is applying for a Hospitality Tax Grant to help offset costs for this year's Historic Yorkville Holiday Home Tour and we ask for your support.

This is our 39th year of doing this tour, our second year applying for the tax grant. We applied last year and with the grant monies we were able to significantly increase our marketing and advertising abilities. Those efforts resulted in a high volume of visitors to town resulting with the local businesses and restaurants experiencing their sales revenues significantly increased during the weekend of the tour. The YHS also benefitted with increased revenues that we are in the process of re-investing in the city. We understand that a C.O.I. will be necessary and are intending to purchase that as we get closer to the event.

Thank you for considering the YHS as a recipient of the H-Tax Grant again this year. We have enjoyed working with the city and look forward to continuing our joint efforts to continue to showcase our beautiful town.

Respectfully,

Melissa M. Gray

President, YHS



State of South Carolina Office of the Secretary of State The Honorable Mark Hammond

5/12/2023

Yorkville Historical Society Missy Gray 208 CONGRESS ST N YORK, SC29745-1236

RE: Registration Confirmation

Charity Public ID: P4088

Dear Missy Gray:

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore, your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on 5/15/2024.

If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4½ months after the close of your fiscal year.

- Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ or the Secretary of State's Annual Financial Report Form.
- If you wish to extend the filing of that form with us, please submit a written request by email or fax to our office using the contact information below. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.00.

If you have any questions or concerns, please visit our website at www.sos.sc.gov or contact our office using the contact information below.

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities

K. Wickey

	Officer		Board	al Society DR				
Position	Term 1st or 2nd (2 yr term)	Officer Term Ends December	Term 1st or 2nd (4 Year Term)	Board Term Ends December	Name	Phone	Phone	Email
President	1st	2023	1st	2023	Missy Gray	616-540-1936		whitehouseoncongress@gmail.com
Vice Pres.	1st	2024	1st	2025	Marty Boyd Jacquette	305.131.9281		martyjacquette@gmail.com
Treasurer	1st	2024	1st	2026	Linda Ellington	803-347-248		
Secretary	1st	2024	1st	2025	John Love	803.940.995		johnmlove54@gmail.com
Board			1st	2024	Gene Gaulin	864-608-0153		thegaulins@gmail.com
Board			1st	2026	Josh Mangum	919.691.735	C	josh.mangum@compass-usa.com
Board			1st	2026	Kelly McWhorter	904.307.0027		kelly35@mac.com
Board			1st	2026	Terry Montgomery	803.242.6125		terrymontgomery31@gmail.com
Board			1st	2025	Rena Strawhorn	803-230-4366 cell	803-684-9333 home	rstrawhorn1@bellsouth.net

HOSPITALITY TAX GRANT APPLICATION

				Office Use Only Date Received:
				Date of Event:
A.	Amount you are requesting	g: \$10,000	ι	
В.	For a: [] One-time I	Event $[\underline{X}]$ Annual or \underline{X}	recurring event	[] Other
	Project Name:	Martin Luther King, J	r. Parade	
	Date(s) of Event	01/13/24 Location (Please attach documentation)		n Street (Congress Street) confirmation)
C.	Sponsor Organization:	<u>Western York NAACP</u> <u>of Colored People)</u>	(National Associ	ation for the Advancement
	Contact Name & Title:	Frederic Campbell, Po	arade Coordinato	<u>or</u>
	Address:	104 Wilson Street, Clo	ver SC 29710	
	Telephone:	704-813-6617	Email: <u>nflproduc</u>	ctions@hotmail.com
	Tax Status:	<u>Nonprofit</u>	Years/months in	Existence: 46 years
	(Please provide a list of activities)	ive board members, Sec	retary of State L	etter and IRS designation
	Federal ID Number: <u>57-085</u>	<u>5395</u>		
	Are you in good standing with	th both the IRS and the	Secretary of State	e?
D.	Describe the proposed proj for implementation:	ect or activities for wh	ich funds are re	quested and the timetable
	The Dr. Martin Luther King	g, Jr. Parade is entering	its 46 th year of s	ervice and commemoration.

The Dr. Martin Luther King, Jr. Parade is entering its 46th year of service and commemoration. It is sponsored by the Western York County NAACP. This parade attracts thousands of visitors to York County (both electronically and in-person). This organization remains the primary source of sustainment through private fundraising and donations. We are requesting funds from the City of York to extend media presence and recruit other entertainment (bands) to broaden the interest of the parade.

E. How does this project attract visitors to the area & and promote tourism?

The Dr. Martin Luther King, Jr. Parade is a gathering of opportunity – where people come together in unity to experience excitement, history and current events. We advertise with flyers/letters, advertisements (radio – local and nationally known, advertisements) and word of mouth has worked well. Many tourists in the surrounding area know the date of the parade

because it is the Saturday before the holiday. We extend invitations into neighboring areas. Social media and other media outlets (other than those mentioned above) are used to maximize the exposure of the parade. Local/neighboring and other out of town York citizens come each year expecting to celebrate the MLK, Jr. Holiday and enjoy the uniqueness of the City of York.

F. Estimated Total Attendance: 5500

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? $\underline{2500}$

How will you measure where your visitors will come from?

The Western York NAACP has been very involved in increasing a social media presence, and have gained experience in this method of measurement. In addition, we have been able to develop registration programs that includes pre-event data from registrations. The most active measurement is personal contact at the parade. Assigned ambassadors will be stationed throughout the parade gathering this data as they poll parade watchers.

G. Financial Information: Total Project Budget <u>\$ 12.000</u>

1. EXPENSES: How are funds spent for this project? <u>Insurance, products required to advertise</u> (letters, banners, radio spots, etc.), <u>Band Performance(s)/Needs, Music/Sound, Payroll for Facility Use, Videographer, Event Planner, Tourist/local personnel Bathroom facilities, website needs, Awards, Floats, etc.</u>

What are your total expenses? \$11,000 based on 2022/23 expenditures but there were no advertisements. We anticipate a larger presence for 2024 because there is a larger presence each year The initial announcement occurs at the Freedom Fund Banquet & is documented on the programs Thus we anticipate increased band turnout, spectatorship within and outside of the county along with increased expenditures.

2. REVENUES: How is this project funded? <u>Sponsors, Vendors and Accommodation Tax Grants from City and County.</u>

What are your revenues for this project? <u>Sponsors, Vendors and Accommodation Tax Grants from City and County.</u>

You must list all funding sources for this project. Some examples include:

- Accommodations Tax Grant (County)
- Foundation Grant(s) and Individual Contributions
- Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
- Sponsorships Sold or Space Rental Fees
- Special Event Fundraises
- Answers are listed above

H. Detail how the funds requested from the City of York will be spent: Using (Attachment B):

Statutory Category for Funding	Amount
Print Publications (designing, printing postage for items mailed to attract	
tourists.	2,000.00
Advertising/Promotions/Marketing (design cost, airtime, etc.)	4,500.00
Entertainment/Speakers/Guest Artist or Instructors	4,000.00
In-Kind Municipal Services/Security (specify)	2,000.00
Infrastructure improvements (specify)	
	\$12,500.00

I. STATEMENTOF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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, 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 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.

Name: Frederic Cam

Signature:

ture: Janybell

Title: Parade Director

Date: 9 /29/2-3

ATTACHMENT A

Title: Western York NAACP Grant Application

This form should be used to submit your application as well as the project report.

Itemize Total Expected Project Costs		
Itemize Individual Expenses B	elow	Dollar Amount
Insurance – 2 & Office Supplies		429.00
Banner		1,650.00
Rock Hill Video		900.00
Banner Snaps		192.34
Millsaps – Porta Johns		296.00
Food for Bands		730.12
Custodial Payouts & ?Sound		560.00
Tent		149.79
Eau Claire Taylor Fowler Booster		700.00
SC State University Foundation		\$4,800.00
Hardy Harris	300.00	
Discussion Meal	115.34	
Advertisement		4,000.00
Total Projected Cost		14,822.59
List ALL	Sources of Funds for the Proposed I	Project
-	Proposed, Requested,	Dollar
Source of Funds	Received	Amount
YORK COUNTY*	Proposed	\$ 4,000
Fundraising (Vendor Fees,		
Parade Entries)	Proposed	\$13,000
City of York	Proposed	\$12,500
	TOTAL BUD	GET \$29,500

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used		
Print Publications (designing, printing, postage for items mailed to attract tourist	Dollar Amount	
	\$ 2,000.00	
Advertising/Promotions/Marketing (design cost, airtime, etc.) Also includes fee for Social Media Production (Advertising, Video Production)	\$ 4,500.00	
Band Performance		
Entertainment/Speakers/Guest Artist or Instructors		
	\$ 4,000.00	
In-Kind Municipal Services/Security (specify)		
Security – York Police Department	\$2.000.00	
Infraction atoms in a second of the second o		
Infrastructure improvements (specify)	_	
Amount Requested (Must equal to the amount in application)	\$12,500	

H. Detail how the funds requested from the City of York will be spent: Using (Attachment B):

Statutory Category for Funding	Amount
Print Publications (designing, printing postage for items mailed to attract	
tourists.	2,000.00
Advertising/Promotions/Marketing (design cost, airtime, etc.)	4,500.00
Entertainment/Speakers/Guest Artist or Instructors	4,000.00
In-Kind Municipal Services/Security (specify)	2,000.00
Infrastructure improvements (specify)	
	\$12,500.00

I. STATEMENTOF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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, 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 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.

Name: Frederic Campbell

Signature

ATTACHMENT A

Title: Parade Director

Date: 9/29/23

2023 MLK EXPENDITURES

17-Apr-23
INCOME/EXPENDITURES/DISBURSEMENTS

RECEIPTS			RECEI	PTS				
Donations	Date Rec'd	Donation Amount	Donations			Disbursements	Amt.	. Disbursed
1 Jerusalem Baptist Church	12/12/22	\$ 100.00	1 York Electric Coop	01/29/23	\$ 350.00	2 Cert of Insurance 2605	\$	250.00
2 Fishing Creek	12/15/2022	\$ 50.00	2 Family Trust	01/29/23	\$ 500.00	Cert Mailing Cert Mail - Debit	\$	5-44
3 Bank of York	12/20/22	\$ 1,500.00	3 Infinity Accounting, LLC	01/29/23	\$ 25.00	Div Signs & Graphics (Banner) 2607	\$	950.00
4 New Home	12/20/2022	\$ 50.00	4 Event Payments - Deposited	01/17/23	\$ 279.64	Hardy Harris (Banner) 2609	\$	700.00
5 York County Government - Grant	01/01/23	\$ 1,675.54	5 Brice Law Firm	02/11/23	\$ 500.00	Stamps - 3 books	\$	36.00
6 Class of 1962 - Josie Lowry	01/01/23	\$ 50.00	6 City of York - Grant	03/13/23	\$ 5,000.00	Stamps - 4 books	\$	48.00
7 Class of - Williams Guthrie	01/01/23	\$ 75.00	7			Rock Hill Video	\$	900.00
8 Hopewell United Meth Church	01/01/23	\$ 100.00	8			Tractor Supply - Snaps for Banner	\$	192.34
9 Class of '68 - Jogary Chisholm	01/01/23	\$ 50.00	9			Millsaps - Portajhns - 2	\$	296.10
10 St. Luke #2 - Wayne Jamison	01/01/23	\$ 50.00	Total Donations		\$ 6,654.64	Rose McClure - Food - Bands	\$	600.00
11 Clarence Davis Law Group LLC	01/08/23		·····			Rose McClure - Food - Bands	\$	100.00
12 Rock Hill Coca-Cola Bottling Comp	1/8/2023		Vendors	Date Rec'd	Total Rec'd	Town Tavern @ York	\$	157-79
13 Great Joy Baptist Church	1/8/2023		 1 Fish on the Spot	12/15/2022	\$ 100.00	Mason Thompston - Cust - Cash	\$	210.00
14 Mt. Zion AME Zion Church	1/8/2023	\$ 50.00	2 New Home	12/20/2022	\$ 100.00	Jamie Cowan - Custodial	\$	210.00
15 Leslie E. Martin - Class of 1969	1/15/2023	\$ 50 . 00	 3 Nancy Brown	12/20/2022	\$ 100.00	Rosie McClure - Food - Bands	\$	30.12
16 York County Sheriff's Office	1/15/2023		 4 Jeffrey Williams	1/14/2023	\$ 100.00	Ray Swan - Sound	\$	140.00
17 Class of 1970 Reunion - Donation	1/15/2023	\$ 50.00	5 Collected on Field	1/14/2023	\$ 100.00	Meeting Meal	\$	115.34
18 Langrum Branch Baptist Church	1/15/2023	\$ 200.00	6			Tent (1)	\$	149.79
19 Gold Hill Baptist Church	01/15/23	\$ 50.00	 7			Eau Claire-Taylor Fowler- Boost	\$	500.00
20 White Hill AME Zion Church	01/15/23	\$ 200.00	8	_	·	SCState University Foundation	\$	4,800.00
21 Tender Hearts Girls Home, Inc.	01/15/23	\$ 50.00	9			Hardy Harris	\$	300.00
22 St. James United Methodist Church	01/15/23	\$ 100.00	 10				`	
23 Mrs. Josie C. Guthrie	01/16/23	\$ 100.00					•	
24 Registration on Saturday	01/16/23	\$ 60.00		ï				
25 York County Government - Grant	01/19/23	\$ 244-44						
26 Clover School District	01/19/23	\$ 350.00						
27 York School District	01/19/23	\$ 350.00						
28 Class of '63 SFC (Ret) Henry L. Gadd	01/22/23	\$ 50.00						
29 Mr. & Mrs. Arthur Gwinn	01/22/23	\$ 50.00						
30 Hardy Harris Marketing	01/22/23	\$ 500.00						
31 York Electric Coop		\$ 350.00			\$ 500.00			
Total less Deductions	\$ 4,918.70		otal Vendor & Floats		\$ 7,154.64			
		\$ 8,454.98	Frand total		\$ 15,609.62		\$ 10.	,690.92



Hospitality Tax Grant Application

Office Use Only
Date Received:
Amount Requested:
Amount Funded:

-	
A.	Amount you are requesting: \$ 5000
В.	For: One-time Event Annual or recurring event Other:
	Project Name March For The Heart 5k 2024
	Project Name
C.	Sponsor Organization:
	Contact Name & Title Paje Surratt, Public Relations Coordinator
	Address145 Blackburn St.
	Telephone 803-627-2223 Email pr@tenderheartsSC.org
	Tax Status: Years/Months in Existence? Years/Months in Existence? (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	(Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable) Federal ID Number: Are you in good standing with both the IRS and the Secretary of State? yes
	Describe the proposed project or activities for which funds are requested and the timetable for implementation: Innual 5k race held in March.
-	
	How does this project attract visitors to the area and promote tourism?
- -	larketing and advertising through online tools & print materials encourage participants an
-	ome to York, SC for a day to participate in the 5k run/walk, post-event shopping and eating
 -	ocal establishments, and day of and future visits to York by supporters and volunteers.

. Est	timated Total Attendance: 300
	this total attendance, what is the estimated number of "tourists" (non-residents) attending
the	event? 210
Но	w will you measure where your visitors will come from?
Part	ticipant addresses are required when registering. We also know where volunteers
are	driving from to serve at the event. We can run reports based on cities and states.
Sev	enty percent of March for the heart 2023 were tourists.

300

G. Financial information: Total Project Budget \$ \$11,983

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - Accommodations Tax Grant (County)
 - Foundation Grant(s) and Individual Contributions
 - Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	\$1330
Advertising/Promotions/Marketing (design cost, airtime, etc.)	\$770
Entertainment/Speakers/Guest Artist or Instructors	\$350
In-Kind Municipal Services/Security (specify)	\$2550
Infrastructure improvements (specify)	\$0
Fotal Requested	_{\$} 5000

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: Paje S	urratt	Title: Public Relations Coordinator		
Signature:	Paje Swrratt	September 27, 2023		

ATTACHMENT 'A'

Title: March For The Heart 5k 2024

This form should be used to submit your application as well as the project report.

Itemize Total Expected Project Costs			
Itemize Individual Expenses Below	Dollar Amount		
Print Publications, Advertising, Marketing	\$2970		
In Kind Services (Police & Fire/EMT)	\$2550		
DJ	\$350		
Photographer	\$350		
Race Timing Services (based on 200)	\$1028		
Race T-shirts (based on 200)	\$2600		
Race Day Insurance	\$375		
Participation Medals (based on 200)	\$700		
Awards	\$460		
Miscellaneous expenses (generator gas, race bags, bagels, fruit)	\$600		
Employee Payroll Expenses (TBD)			
Total Projected Cost	\$11,983		

ested, Received	Dollar Amount
ested	
	\$5000
osed	\$5000
osed	\$1983
•	

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Vere Used
Dollar Amount
\$1330
\$770
\$350
\$2400
\$2400 \$150
\$5000



Tender Hearts Ministries

P.O. Box 634 York, SC 29745 803.684.3131 www.tenderheartsinyork.org

803.684.3132 York Store 803.792.5012 Clover Store 803.366.4673 Rock Hill Store 803.627-5011 Outreach September 27, 2023

Re: Request for Hospitality Tax Grant, Organization description

City of York Attention: Rebecca Mestas 10 N. Roosevelt St. York, SC 29745

Dear Rebecca,

Thank you for your help in facilitating Tender Hearts Ministries' application for a Hospitality Tax Grant to use towards our annual March For The Heart 5k race in 2024.

Tender Hearts Ministries is a 501c3 public charity known as Tender Hearts Girls Home, Inc. dba Tender Hearts Ministries. Our organizational structure consists of one Founder & Director, Ainslee Moss, seven lead staff members, and approximately an additional seventy-three support staff. We are financially governed by a board consisting of seven local and influential members.

Please let me know if you have any additional questions. I will be more than happy to answer them .

Sincerely,

Paje Surratt
Public Relations Coordinator, Tender Hearts Ministries
145 Blackburn St.
York, SC 29745
803-627-2223
PR@tenderheartsSC.org

The Lord is my strength and my shield, my heart trusted in Him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise Him.

~ Psalm 28:7



Tender Hearts Ministries

P.O. Box 634 York, SC 29745 803.684.3131 www.tenderheartsinyork.org

803.684.3132 York Store 803.792.5012 Clover Store 803.366.4673 Rock Hill Store 803.627-5011 Outreach September 27, 2023

Re: Request for Hospitality Tax Grant, Letter of Intent to obtain insurance

City of York Attention: Rebecca Mestas 10 N. Roosevelt St. York, SC 29745

Dear Rebecca,

Please accept this letter as an assurance of our intentions to obtain liability insurance for our race event . We will secure a race day event policy through our insurance agent, William Mitchell with Boney Insurance in York.

Please let me know if you have any additional questions.

Sincerely,

Paje Surratt
Public Relations Coordinator
145 Blackburn St.
York, SC 29745
803-627-2223
PR@tenderheartsSC.org

The Lord is my strength and my shield, my heart trusted in Him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise Him.

~ Psalm 28:7



Tender Hearts Ministries

P.O. Box 634 York, SC 29745 803.684.3131 www.tenderheartsinyork.org

803.684:3132 York Store 803.792.5012 Clover Store 803.366.4673 Rock Hill Store 803.627-5011 Outreach

Hospitality Tax Grant 2024 Request Project & Budget Narrative

March For The Heart 5k 2024

Tender Hearts Ministries' annual March 5k race has always been a great venue to draw awareness to the community's homeless and hungry population, attract sponsors and volunteers to serve in our community through our ministry's opportunities, raise funds for the ministry's homeless shelters, continue a relationship between our ministry and the City of York, and to attract tourists to visit the City of York on a regular basis. Our race course is designed to showcase our ministry, main street shops and restaurants, and some of the finer homes in York.

The majority of our expenses fall under either Advertising & Marketing expenses, a need for a Police presence, day of race services, and race materials for participants. Funds to execute our event come mostly from the Hospitality Tax Grant, Race Participant Registration Fees, and Sponsorships.

Paje Surratt
Public Relations Coordinator

The Lord is my strength and my shield, my heart trusted in Him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise Him.

~ Psalm 28:7



Hospitality Tax Grant Application

Office Use Only	
Date Received:	_
Amount Requested:	_
Amount Funded:	

A.	Amount you are requesting: \$, OOO . OO
В.	For: One-time Event
	Project Name Silver In The City
	Date(s) of Event 4-12-2024 May 4-142120 tation of Event N. Congress St. (Please attach documentation of venue and date confirmation)
C.	Sponsor Organization: PAlmetto State Air Stream Club
	Contact Name & Title Terry Montgomegy
	Contact Name & Title Terry Montgomeny Address 1351 Rabbit Run Rd York SC 297
	Telephone 803-242-6125 Email terry montgomery 31 @ gm
	Tax Status: Years/Months in Existence? 56 4075 (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	Federal ID Number: 31-1151410
	Are you in good standing with both the IRS and the Secretary of State?
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
	Airstream Rally on N. Congress of
_	attracts tourist to town to dive and shop
<u>.</u>	and see the iconic Aizstream travel trailers
E.	How does this project attract visitors to the area and promote tourism?
_	Airstream parade
_	Airstream trailer open house event
_	To Airstreums from around the country
_	car shows

F.	Estimated Total Attendance: 4000
	Of this total attendance, what is the estimated number of "tourists" (non-residents) attending
	the event? $\underline{\lambda}$, so $\underline{\lambda}$
	How will you measure where your visitors will come from?
	Social media
	actual counts
	open house event attendees
_	
G.	Financial information: Total Project Budget \$, OOO , OO Please attach a copy of your budget using (Attachment 'A') to detail all expenses and

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

revenues for this project.

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract	
tourist)	
Flyers	500.00
Advertising/Promotions/Marketing (design cost, airtime, etc.)	
MKt mal'15 photographer, 500 Al media. Entertainment/Speakers/Guest Artist or Instructors	2,000.00
Entertainment/Speakers/Guest Artist or Instructors	
BAND DET SOUND Equipment In-Kind Municipal Services/Security (specify) Police Fire + RANGE contro	2,500.€
In-Kind Municipal Services/Security (specify)	, ,
Police, Fire, traffic control	4,000.00
Infrastructure improvements (specify)	
Total Requested	\$ 9000.00

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: Terry Montgomery	Palmetto State Airstrom Chib Title: event organizer
Signature: Jen Mont gomen	Date: 9-27-2023

ATTACHMENT 'A'

Title:

This form should be used to submit your application as well as the project report.

Itemize Total Expected Project Costs			
Itemize Individual Expenses Below	Dollar Amount		
Brosel	500,00		
Stage	1000.00		
<i>b</i> : 4	600.00		
Sound equip	500.00		
Printing + design	500.00		
Promo Item 3	500,00		
Photography + ohome opperage	1,000.00		
Photography + ohome operange Police coverage Fire +RAFFic control	4,000.00		
Portables (For public use Fri + SAT)	500, 90		
- Carlotte			
Total Projected Cost	-\$ 9100 00		

List ALL Sources of Funds for the Proposed Project					
Source of Funds	Proposed, Requested, Received	Dollar Amount			
H-tax grant	9,000,00				
· ·					
Total Budget		, 9∞, 50			

Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	_
Amount Funded:	_

4.	Amount you are requesting: \$ 7000.00
3.	For a: One-time Event Annual or recurring event Other:
	Project Name Will Frederick Memorial Run for the Kids 5k
	Date(s) of Event TBD Location of Event Downtown York starting at 114 S. Congress Street (Please attach documentation of venue and date confirmation)
7.	Sponsor Organization Lifeway Church
	Contact Name & Title Hannah Plaxco, Director of Worship and Event Co-Coordinator
	Address 114 S. Congress Street York, SC 29745
	Telephone 803-684-9212 Email worship@golifeway.com Cell: (743)3-73 - 41014 Tax Status: Non-Profit Years/Months in Existence? 23 years (Please provide a list of active board members, Secretary of State Letter and IRS designation letter if applicable)
	Federal ID Number: <u>58-24</u> 51048
	Are you in good standing with both the IRS and the Secretary of State? Yes
),	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
	This event is a 5k fundraising event with proceeds used to invest in and enrich the lives of children and youth from our local communities. This is an annual event with funding provided to individuals and groups throughout the year. All funds requested would be used leading up to and the day of the event.
•	How does this project attract visitors to the area & and promote tourism?
	The 5k attracts runners from across North and South Carolina, as well as Georgia and Florida. The 2023 event had 45% of it's participants from outside of the city of York zip code. These participants often stay in town following the event to eat and shop at local businesses.

F. Estimated Total Attendance: 400

Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event? <u>200</u>

How will you measure where your visitors will come from?

Visitor and sponsor participation is tracked through an online registration portal. This system requires an address (zip code) in order to complete registration.

- G. Financial information: Total Project Budget \$ 15,000.00 (estimated budget)
 Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.
 - 1. EXPENSES: How are funds spent for this project? What are your total expenses?
 - 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist) street banner, school banners, rack cards, flyers	\$3750.00
Advertising/Promotions/Marketing (design cost, airtime, etc.) social media marketing	\$500.00
Entertainment/Speakers/Guest Artist or Instructors DJ (music and entertainment)	\$750.00
In-Kind Municipal Services/Security (specify)	\$2000.00
Infrastructure improvements (specify)	
Total Requested	\$ 7000.00

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name:	Hannah Plaxco		Title:	Event Co-Coord	nator	
	$\mathcal{O}(2)$	/				
	Hom	100				
Signatu	re:			Date:	9/27/2023	
				· · · · · · · · · · · · · · · · · · ·		

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used		
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount	
Street Banner	\$2000.00	
4x8 Banners for schools	\$800.00	
Rack cards	\$250.00	
Printing/postage - flyer	\$700.00	
Advertising/Promotions/Marketing (design cost, airtime, etc.)		
Social Media Ad	\$500.00	
Entertainment/Speakers/Guest Artist or Instructors		
DJ (music/entertainment)	\$750.00	
In-Kind Municipal Services/Security (specify)		
Law enforcement	\$2000.00	
Infrastructure improvements (specify)		
Amount Requested (Must equal to the amount in application)	\$7000.00	

To Whom It May Concern:

Will Frederick was relatively new to York, South Carolina. He moved to the area in 2016 to begin his life with the former Hannah Crews (now Hannah Plaxco). Will was passionate about young people and it didn't take long for Will's passion to pour out into the York community. Through the ministry of Lifeway church, you could often find Will talking with, encouraging, or hanging out with a child or a student as a way to minister to them. In August of 1018, Will was called away from a children's event to have an organ transplant surgery that doctor's believe Will needed to sustain his quality of life. Will experienced complications during that surgery and passed away 15 days later.

Lifeway Church, along with family and friends, established the annual Will Frederick Memorial Run for the Kids 5k event to continue Will's legacy and work by investing in young people. Each year, the funds received through the run are used to nurture and grow children and students in this area. Since its conception, the 5k has raised more than \$60,000.

This event is organized by a team of partners from Lifeway Church, under the supervision of the Lifeway Church governing Board of elders (please see the attached lists for names). Lifeway Church receives no funds from this event and each annual event is sponsored by local businesses to maximize the impact and use of funds for the children.

Sincerely,

Hannah Plaxco

Event Co-Coordinator



June 1, 2000

Lifeway Church PO Box 98 York, SC 29745

To Whom It May Concern:

This letter is to certify that the Lifeway Church, York, South Carolina is a cooperating church of the South Carolina Baptist Convention and is tax exempt under Internal Revenue Service Code Section 501-C-3 of 1954. The South Carolina Baptist Convention files for a group exemption for all churches on an annual basis, and our group exemption number is 1651.

I hope this information will be helpful to you. If you have any questions, please call me.

Sincerely

Merbert E. Griffin, K

Director, Accounting Department

Enclosure

Date:

S7-6029381 GENERAL BOARD OF THE SOUTH CAROLINA BAPTISI CONVENTION 907 RICHLAND ST COLUMBIA 5C 29201 Person to Contact:

Mr. Charles E. McLaughlin

Telephone Number:

(202)964-6197

Refer Reply to:

E: E0: 0: R

Date:

February 17, 1976 Group Exemption Number:

1651

Dear Officer or Trustee:

We are contacting all group central organizations because the 1975 Form 990 and instructions require each central organization and its subordinates to show their group exemption number (GEN) in Part I, item 18(b), of Form 990.

Your group exemption number is shown above. Please advise any of your subordinates that are required to file an annual information return, Form 990, to place your group exemption number on their return.

Church central organizations are not required to file an annual information return. However, any of their subordinates that do not qualify as "integrated auxiliaries" of a church are required to file an information return, Form 990, and should include on that return the appropriate group exemption number. We are preparing a proposed amendment to the Income Tax Regulations which will define an integrated auxiliary of a church. When that amendment is published, we will send an information copy to holders of group exemption rulings under section 501(c)(3) of the Internal Revenue Code. (Organizations exempt under other provisions will not receive a copy.)

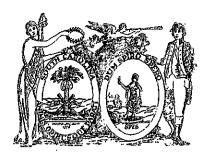
If you have any questions, please contact the person whose name and telephone number are shown above.

Thank you for your help in this matter.

Sincerely yours,

A. Tedesco, Director
Exampt Organizations Division

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Incorporation, Nonprofit Corporation

I, Jim Miles, Secretzry of State of South Carolina Hereby certify that:

LIFEWAY CHURCH,

a nonprofit corporation duly organized under the laws of the state of South Carolina on July 12th, 1999, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed a Declaration and Petition for Incorporation of a nonprofit corporation for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpos.

Now, therefore, I Jim wiles, Secretary of State, by virtue of the authority in me vested, by Chapter 31, Title 53, Code of 1976 and Acts amendatory thereto, do hereby declare the organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by Chapter 31, Title 33. Dode of 1976 and Acts amendatory thereto.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of July, 1999.

Jim Miles, Secretary of State

Lifeway Church Board of Elders

Mark Crews, Lead Pastor, Elder

Alvin Boyd, Executive Pastor, Elder

Francis Buckley, Elder

Daniel Freudenthal, Elder

J. Dustin Jessee, Elder

Jaime Lopez, Elder

Charles Lord, Elder

Cory Sills, Elder

Will Frederick Memorial Run Team

Michael Peterson

Robyn Crews

Ronnie Taylor

Hannah Plaxco

Marla Lowman

Jenifer Harris

Cathy Erickson



Hospitality Tax Grant Application

Office Use Only
Date Received:
Amount Requested:
Amount Funded:

A.	Amount you are requesting: \$ 16,700°
В.	For: One-time Event Annual or recurring event Other:
	Project Name Pixies Street Con
	Date(s) of Event 4/27/24 - 4/28/24 Location of Event North Condress 35 (Please attach documentation of venue and date confirmation)
C.	Sponsor Organization: Pixies Keep Touts and Games
	Contact Name & Title <u>Say Brownlee</u> co-owner
	Address 2 N Conference St York, SC 29145
	Telephone (403552-6304 Email pixieskeep Edmail.com
	Tax Status: Years/Months in Existence? 1 years/Months in Existence? 1 years/Months in Existence?
	Federal ID Number: <u>47-1524395</u>
	Are you in good standing with both the IRS and the Secretary of State?
D.	Describe the proposed project or activities for which funds are requested and the timetable for implementation:
_	street convention centered around gleek culture: anime, video games
-	advertisements To months prior to event
	'
	entertainment funds 3 months prior to events municipal services month of events
E.	How does this project attract visitors to the area and promote tourism?
	ûnine, Borganing, i comics are billion dollar industries, conventions across
-	the US & bring in thousands of attenders each year; continuously
	afros

	Of this total attendance, what is the estimated number of "tourists" (non-residents) attending the event?
	Iow will you measure where your visitors will come from?
_	surveys, voluntary zip code collection, special event ticket sales

1. EXPENSES: How are funds spent for this project? What are your total expenses?

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and

- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

revenues for this project.

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	*1,000
Advertising/Promotions/Marketing (design cost, airtime, etc.)	44,000
Entertainment/Speakers/Guest Artist or Instructors	16,700
In-Kind Municipal Services/Security (specify)	45,000
Infrastructure improvements (specify)	
Total Requested	\$ 16,700

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Name: James Brownkee	Title:	Co-owner
Signature:	Date:	9/29/23
17		1 1

ATTACHMENT 'A'

Title: Pixies Street Con

This form should be used to submit your application as well as the	project report.
Itemize Total Expected Project Costs	
Itemize Individual Expenses Below	Dollar Amount
Police Officers	13,750
Police Officers Advertisements	15,000
Guest Speakers/Entertainment	16,700
E.M.Y.	4750
table i choir restal	*500
stage rental	44,000
bothroom facilities/book	*750
trash Isanitation employees	1250
tensh Isanitation employees tent/canopy/purchase/rental event space rental from local business	13,000
event space rental from local business	*2,000
	,
Total Projected Cost	s 23,650

Source of Funds	Proposed, Requested, Received	Dollar Amour
Grant Funds	requested	*16,700 (*5.
Vendor Booth Bells Sponsorships Pixies Keep York: Game	requested proposed proposed *3500	*15,000
Sponsorships	proposed	10,000
Pixies Keep Yorks: Game	s proposed \$3000	DECEMBE (2
' 0		
	v	

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Advertising/Promotions/Marketing (design cost, airtime, etc.) Radio Social Media / Website Barners before Entertainment/Speakers/Guest Artistor Instructors Guest Comic Artists Guest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify) Police Officers E, M. Y.	\$500 \$500 \$500 \$1,000 \$1,000
Advertising/Promotions/Marketing (design cost, airtime, etc.) Radio Social Media / Website Bunners bestign Entertainment/Speakers/Guest Artistor Instructors Guest Comic Artists Guest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify)	
Advertising/Promotions/Marketing (design cost, airtime, etc.) Radio Social Media / Website Bunners bestign Entertainment/Speakers/Guest Artistor Instructors Guest Lomic Artists Guest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify)	1,000 1,000 12,000
Social Media / Website Banners betten Entertainment/Speakers/Guest Artistor Instructors Guest Comic Artists Guest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify)	11,000 11,000 12,000
Social Media (Website Barners Besselle Entertainment/Speakers/Guest Artistor Instructors Grest Comic Artists Grest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify)	1,000 1,000 12,000
Social Media (Website Barners Besselle Entertainment/Speakers/Guest Artistor Instructors Grest Comic Artists Grest Actors/Voice Actors DS In-Kind Municipal Services/Security (specify)	12,000
Bannex 5 Deficition Entertainment/Speakers/Guest Artist or Instructors Guest Comic Artists Guest Actors/Voice Actors DS [n-Kind Municipal Services/Security (specify)]	12,000
Guest Comic Artists Guest Actors/Voice Actors DS [n-Kind Municipal Services/Security (specify)	
n-Kind Municipal Services/Security (specify)	
In-Kind Municipal Services/Security (specify)	12,000
In-Kind Municipal Services/Security (specify)	*3,000 *1700
	1,700
Police Officers	
	13750
E.N. 7.	\$1,000
Trash/Sanitation	*3750 *1,000 *250
nfrastructure improvements (specify)	

THIS LICENSE MUST BE PUBLICLY DISPLAYED AS PROVIDED BY LAW

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

RETAIL LICENSE

THIS LICENSE IS NEITHER TRANSFERABLE NOR ASSIGNABLE BEFORE POSTING READ INSTRUCTIONS BELOW

ST-1 (Rev. 08/28/18) 5000

OWNER NAME AND BUSINESS LOCATION:

LICENSE MUST BE RETURNED FOR ALL CHANGES AND/OR CLOSE OF BUSINESS PIXIES KEEP TOYS AND GAMES LLC 2 CONGRESS ST N YORK SC 29745-1529

LICENSE NUMBER

107494097

PIXIES KEEP TOYS AND GAMES LLC 2 CONGRESS ST N YORK SC 29745-1529



INDUSTRY
TYPE •

451120 01-Apr-2022

TRADE NAME AND MAILING ADDRESS

THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY, CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE.

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY

File # 107494097

SID# 9896623

York

York

Letter ID: L0020803046

2990

This retail license is issued pursuant to Article 5, Chapter 36, Title 12, Code of Laws of South Carolina, 1976, as amended. The retail license is valid so long as the person to whom it is issued continues in the same business at the same location as shown on license, unless revoked by the Department of Revenue for cause. It is presumed that a retailer is not continuing in the same business and must surrender the retail sales license if the retailer has no retail sales for twenty-four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the department swearing that the business is continuing. If the business is closed, moved or sold, the licensee must complete the questions listed below and return this license to the SC Department of Revenue, PO Box 125, Columbia, SC 29214.

IF THERE ARE ANY QUESTIONS REGARDING THIS LI	CENSE, CONTACT THIS DIVISION AT 1-844-898-8542
OUT OF BUSINESS OR CHANGE OF	OWNERSHIP (Also complete C-278)
DATE OF CLOSING OR SALE	
NEW FIRM NAME	
NEW OWNER'S NAME OR NAMES	
CHANGE OF ADDRESS AND/OR TR	ADE NAME (Also complete SC-8822)
IF BUSINESS LOCATION CHANGES, RETURN THIS LICENSE AND COM IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE	PLETE CHANGE OF ADDRESS/BUSINESS LOCATION FORM SC-8822.
NEW TRADE NAME	DATE BUSINESS MOVED
NEW LOCATION ADDRESS	BUSINESS MUNICIPAL LIMITS
MAILING ADDRESS	NEW TELEPHONE NUMBER



INSTRUCTIONS

This is your new license. Please fold on the above perf marks and display in a conspicuous place.

If you have any questions concerning this license, please call the SC Department of Revenue 1-844-898-8542.

If the business is closed, moved, or sold, please complete the form above and return it with the original license to:

South Carolina Department of Revenue Registration Section P.O. Box 125, Columbia, SC 29214-0400



Pixies Keep Toys and Games is a Limited Liability Company located in downtown York at 2 N Congress St. We specialize in selling comic books, tabletop gaming necessities, toys, and anime related products. Our store has been in business for 1 year and 8 months.

Heather Butterick

Heather Butter

James Brownlee



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).

INSU	Pixles Keep Toys and Games LLC			NAME: PHONE (A/C, N: E-MAIL ADDRE INSURE INSURE	ss: contac INS IRA; Hisco:	202-3007 ct@hiscox.co urer(s) Affor x Insurance C	DING COVERAGE		NAIC# 10200
	2 N. Congress Street, Suite 102 York, SC 29745			INSURE					
	10IN, 00 201-10			INSURE					
				INSURE	RF:				
			ATE NUMBER:				REVISION NUMBER:		
IN CI EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PROCLUSIONS AND CONDITIONS OF SUCH PROCLUSIONS AND CONDITIONS OF SUCH PROCESS.	QUIRE ERTA OLICI	EMENT, TERM OR CONDITION NN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	T TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S NSD V			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITE	3	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR					1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	······································
								\$ 5,00	
Α	GEN'L AGGREGATE LIMIT APPLIES PER:	Υ	UDC-5076310-CGL-	22	02/03/2022	02/03/2023	PERSONAL & ADVINJURY	\$ 1,00 \$ 2,00	***************************************
	X POLICY PRO- LOC							s 2,00	•
	OTHER:						FRODUCTS - CONFIDE AGG	\$	0,000
	AUTOMOBILE LIABILITY		******	***************************************			COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB CCCUP		**************************************	·				\$	
	- OGGUR	-					EACH OCCURRENCE	\$	
	DED RETENTION \$:			AGGREGATE	\$ \$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Đ.	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A		•			E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	NIA					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L., DISEASE - POLICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	CORD 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is require	ed)		
CEF	RTIFICATE HOLDER			CANO	ELLATION			****	
N	M and J Properties of York LLC 845 Colony Road Suite C-4 Charlotte, NC 2823	26		SHO	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.		
	1			AUTHO	RIZED REPRESE	NTATIVE	endle		

We are proposing a Geek Culture Convention in the downtown area between Liberty St. and Madison St. Geek culture is a subculture associated with media like Japanese animation, comic books, and video games. These topics have went from eccentric and obscure to increasingly mainstream. Conventions have been known to bring in a constantly increasing amount of revenue to participating cities. Furthermore, these genres are projected to continue growing in popularity throughout the entire US. Surveys we have done so far show a high interest in participating in the convention from local businesses and citizens.

Did you know that the Japanese anime market was valued at \$28.61 billion in 2022? This rate is expected to increase to over \$60 billion by 2030. The comic book market is growing at a rate of 5.9% while the video game market will bring in approximately \$242.9 billion by the end of 2023. Hosting a convention focused on these up and coming mainstream markets will bring this revenue to York and increase awareness of the city. This expanded awareness can cause an increase in business interests coming to York. These business interests would include hotels, more restaurants, and possible plans for a convention center in the area.

For example, Galaxy Con started at the Raleigh Convention Center in NC in 2017. This year, the city has reported plans to expand their convention center and build more hotels in the area. There are two reasons for these plans of expansion. First, the city needs more hotel rooms for potential attendees to this and other geek culture related conventions. Second, Galaxy Con requires more space for the convention to continue to grow to suit the needs of their attendees.

So how do all these facts and numbers relate to York's first ever Geek Culture Convention? We plan on making this convention an annual event. Every year we host our convention will bring in more attendees and higher profile celebrities. This raises a higher interest in moving into the area. We have already been told by many residents of York how excited they are to have a local toy and game store. One customer has even said having a game store in downtown was a deciding factor in choosing where to move. Increased population and convention attendees will also increase the variety of businesses to revitalize currently unoccupied buildings in downtown York.

Now let's move onto we have planned for the convention. We will have over 200 booths available for vendors. These booths will be in an arrangement similar to Summerfest. We will also have a section dedicated to arts & crafts vendors to show off unique, handmade items for sell; including soaps, artwork, and wood carvings. The convention will also include businesses already in downtown to sell or to participate in events. Ten 11 Events and SoCo Grille have already agreed to participate in the outdoor convention. We also plan to have local bands, a DJ, **GAMING BUS** and dance and martial art performances. Some of our events include costume contests, gaming tournaments, and a nighttime music festival.

In summary, having a Geek Culture Convention in York will increase revenue and bring a wider range of visitors and business interests. This annual event will continue to grow with the City of York. Our collaboration can be a great start of revitalizing our downtown and putting our city on the map of must see small towns in America.

MID-CAROLINA TENNIS ASSOCIATION

897 Maplewood Lane Rock Hill, SC 29730 (803) 325-4022

September 29, 2023



(Hand-Delivered with Attachments)

Ms. Rebecca Mestas, Community Events Director City of York 10 North Roosevelt Street York, SC 29745

Re: H-Tax Grant Applications for U.S. Tennis Assn.

Tournament at York High School on September 28, 2024

Dear Ms. Mestas:

Please find enclosed original and two copies of our application for a tennis tournament at York Comprehensive High School being sponsored by the Mid-Carolina Tennis Association ("MCTA"), the local affiliate of the U.S. Tennis Association. The MCTA is a South Carolina non-profit 501(c)4 corporation with the mission of promoting the growth of tennis in York County and adjacent areas.

Our group depends on the efforts of volunteers and other local organizations and sponsors in to carry out its mission. Over the years we have worked with the Greater York Chamber of Commerce as the sponsor of the Summerfest Tennis Tournament and the City of York as sponsor of that event in 2021. MCTA stepped in as sponsor for the Fall Tournament in 2022 and for the Spring Tournament scheduled for the e Spring of 2023 which has been postponed until October 7, 2023, due to inclement weather. We have been working with a York volunteer group known as Friends of York Tennis for the two 2022 tournaments, and will continue to do so for the Fall 2024 event. Jim Bradford of York of the Friends group has been local contact. He is authorized to sign this letter on my behalf and other documents in the application package in the interest of timely submission of the package. He is also our designee to work with you and appear before Council to make a presentation in support of our applications for funding if necessary. Jim's email address is imbradford07@gmail.com and his phone number is 803-981-3473

Kim Ozman / by Jam Bradfid with Permissing

Kim Ozmon, MCTA Board Member & Treasurer

Attachments: York H-Tax Grant for Taste of York Fall Tennis Tournament

INDEX MID-CAROLINA H-TAX APPLICATION TASTE OF YORK FALL TENNIS TOURNAMENT 9-28-23

- I. Completed Application including Attachments A and B
- II. Confirmation of Registration with the S.C. Secretary of State of non-profit status
- III. Letter of Mid-Carolina describing organization and structure of entity including members of the Board of Directors
- IV. Copy of liability insurance coverage NOT REQUIRED SINCE EVENT NOT ON CITY PROPERTY
- V. A one page Project and Budget narrative



Hospitality Tax Grant Application

Office Use Only	
Date Received:	
Amount Requested:	
Amount Funded:	

A	mount i unded.
A. Amount you are requesting: \$ /, 600.00	
B. For: One-time Event Annual or recurring event Oth	ner:
Project Name TASte of York Fall TENU	s Tournment
Date(s) of Event Saturday 9-28-24 Location of Event 10 (Please attach documentation of venue and date confirmation) * Old fervate thate October C. Sponsor Organization: Phimany - Friends of youke Tankis Contact Name & Title Kim Ozmon	rak High School
Address 897 Maplewoon LN Rock 74.	11, Sc 29730
Telephone 803 - 325 - 4022 Email Kim 0	zum @ guail, com
Tax Status: Years/Months in Exist (Please provide a list of active board members, Secretary of State Letter and IRS designation)	ence? tion letter if applicable)
Federal ID Number: <u>26 - 6448231</u>	
Are you in good standing with both the IRS and the Secretary of State?	Yes
D. Describe the proposed project or activities for which funds are required timetable for implementation:	
One Day tennis tournament to Justainants and other Businosses	in yout cerea,
We will purchase gift Centificates	from local
In staurants, Ice Cream purlons and give to ancowage them to patience local	e to phyers
E. How does this project attract visitors to the area and promote tour	PAGING A. TAX
Players come to play tensis. They	will be answaged
can use gift Certificates in day	to Minote their
of Fournament (Showers provided or	Thones or moduct
CAN return another Day to	Lennis players.
redeen gift Certificat for themselve and going withing of family of Friend	5
and 5 mind Extra to fum (y & friend	e.

F.	Estimated Total Attendance: 70-80 Players & Franky
	Of this total attendance, what is the estimated number of "tourists" (non-residents) attending
	the event? 50-60 Players + families
	How will you measure where your visitors will come from?
_	By tournament negistration in formation and
2	Dersinal Survey of Friends + Francis who
_	attend is spectators,

G. Financial information: Total Project Budget \$ 3,800,000

Please attach a copy of your budget using (Attachment (A)) to detail.

Please attach a copy of your budget using (Attachment 'A') to detail all expenses and revenues for this project.

- 1. EXPENSES: How are funds spent for this project? What are your total expenses?
- 2. REVENUES: How is this project funded? What are your revenues for this project? You must list all funding sources for this project. Some examples include:
 - · Accommodations Tax Grant (County)
 - · Foundation Grant(s) and Individual Contributions
 - · Entry Fees/ (Admissions, etc.), Sold Services or Concessions/Merchandise
 - · Sponsorships Sold or Space Rental Fees
 - Special Event Fundraisers

H. Detail how the funds requested from the City of York will be spent: Using (Attachment 'B'):

Statutory Category for Funding	Amount
Print Publications (designing, printing, postage for items mailed to attract tourist)	8 300.00
Advertising/Promotions/Marketing (design cost, airtime, etc.)	200.00
Entertainment/Speakers/Guest Artist or Instructors	500.00
In-Kind Municipal Services/Security (specify)	
Infrastructure improvements (specify)	
Total Requested	\$ 1,000,00

I. STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, applicant 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. The applicant agrees that 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 funding 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 York 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 funding 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 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.

Title: Ineusiau, Min-Canolina
Tennis Assn.

Date: September 28, 2023

Date:

ATTACHMENT 'A'

Title: 1 As Le of York Fall TENNIS TOURNAME

This form should be used to submit your application as well as the project report

This form should be used to submit your application as well as the project report. Itemize Total Expected Project Costs			
Itemize Individual Expenses Below	Dollar Amount		
TOURNAMENT Dinector + Refers	500,00		
TEANIS Balls	150,00		
gift Centificate Purchases - Local Amen	Restaurate 1,000.00		
Gift Centificate Purchases - Local Anea. Aprentision Promotions Munketing	1 Printer 200. 00		
Sport Drink / 1/20	200.00		
Luxett	400.00		
Coodie BAGS Thing - Versial Suntila	ck, SMet 200.00		
Medals for 1st, Zwn, 300 Place	150.00		
aiftly to Our or Mons hold Clearite	is - 1,000,00		
Total Projected Cost	\$2,800.00		

Source of Funds	Proposed, Requested, Received	Dollar Amount
City of York H-TAX Sporsa	Proposed	41,000,00
County of York - Accommoda	Phiposed	1,000.00
tin Try - gant		
Entry Fras (40 players)	Requested	1,000.00
USTA GRANT	Proposed	250, 00
In Kinn - Soft Brinks,	Proposed	550,00
Fruit, I tem, Go Goodia Pin	5	
Traves Batts		
Componente / Invidual Spinsers		3 800 .00

ATTACHMENT 'B'

This form should be used to submit your application as well as the project report.

Detail How the Hospitality Tax Grant Funds Will Be/Were Used			
Print Publications (designing, printing, postage for items mailed to attract tourist)	Dollar Amount		
Degian & Phint Tournament Flyer 4	300,00		
Distribute			
Acquiring USTA MAIL UST + Poulk			
Mail Cards do AcTial USTA Members			
Degign + Print Tournament Flyer 4 Distribute Acquirus USTA MAIL UST + Poulk Mail Cards to AcTIAL USTA Members IN York Chester, LAWERSTER & CASTAIR Advertising/Promotions/Marketing (design cost, airtime, etc.)			
Advertising/1 follotions/Warketing (design cost, airtime, etc.)			
Treehook Tromoton, Trageted mails,	200.60		
Pacehook Tromotin, Inageled Smalls, Pacehook Tr			
Dublications + BANNER + SIGNAGE			
Entertainment/Speakers/Guest Artist or Instructors			
Tournment Duroty Referrer	300,00		
Refense	300,00 200,00		
In-Kind Municipal Services/Security (specify)			
Infrastructure improvements (specify)			
Amount Requested (Must equal to the amount in application)	1,000,00		

Item II

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Incorporation, Nonprofit Corporation

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MID-CAROLINA TENNIS ASSOCIATION,

a nonprofit corporation duly organized under the laws of the State of South Carolina on July 31st, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed a Declaration and Petition for Incorporation of a nonprofit corporation for Religious, Educational, Social, Fraternal, Charitable, or other eleemosynary purpose.

Now, therefore, I Mark Hammond, Secretary of State, by virtue of the authority in me vested by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto, do hereby declare the organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of August, 2007.

Mark Hammond, Secretary of State

I tem II

MID-CAROLINA TENNIS ASSOCIATION

897 Maplewood Lane Rock Hill, SC 29730 (803) 325-4022

September 29, 2023



(Hand-Delivered with Attachment)

Ms. Rebecca Mestas, Community Events Director City of York 10 North Roosevelt Street York, SC 29745

Re: Item III. describing organization and structure of Mid-Carolina Tennis Association ("MCTA)") for H-Tax Grant Application for U.S. Tennis Assn. Tournament at York High School on September 28, 2024

Dear Ms. Mestas:

The MCTA is a South Carolina non-profit 501(c)4 corporation. Its mission is to promote tennis in York County and adjacent areas. MCTA is the local affiliate of the USTA and the USTA South Carolina. The organization was formed in 2008 and has its own by-laws and local Board of Directors. A list of current Members of the Board and Officers is attached. Membership is open to all USTA members 18 and older in York, Lancaster, and Chester Counties.

The organization supports tennis clinics for children and adults and sponsors USTA league tennis and local tennis tournaments such as the ones completed and proposed for York. These tournaments are made possible efforts and funds of local volunteers, businesses and non-profits, and local governments. The MCTA also works with schools to provide clinics for PE teachers and students to get young people playing this healthy, affordable lifetime sport.

In our York Tournaments we have purchased or will purchase gift certificates from local restaurants and ask out players to dine and spend their money in York. We are planning that on a larger scale with the September 28, 2024, Taste of York Tournament. We are applying for County A-Tax money so we can expand our gift certificate program to more restaurants and other businesses in and near the City. Any surplus will go to local charities. Past giving has included York SD 1 tennis programs, Tender Hearts and PATH. The October 7 event will add Veterans in Need and Friends of the York County Animal Shelter to the list of beneficiaries.

Sincerely yours,

Kim Ozmon, MCTA Board Member & Treasure

Attachment: MCTA Board Members

ATTACHMENT Item III



2022 Mid-Carolina Tennis Association Board of Directors

President-Stacey Livingston
Vice President-Nancy Moll
Secretary-Debby Bosselman
Treasurer-Kim Ozmon

Committees:

League Chair-Nancy Moll
Wheelchair-Taylor Wingate
Youth-Tedi Doncheva
Social-Judy Longshaw

Item IV - NOT NEEDS n- Event not on City usta MASTER LIABILITY/ACCIDENT INSURANCE PLAN DECLARATIONS Property

CERTIFICATE FOR COMMUNITY TENNIS ASSOCIATIONS

OLIVII IOTI E I OIVE	OTTHING THE TENTH OF THE TENTH
Insurance Company	Policyholder
Insurer A: Fireman's Fund Insurance Company	
Insurer B: United States Fire Insurance Company	United States Tennis Association, Incorporated
Named Insured Member	Coverage Term 12/31/22 – 12/31/23
Mid-Carolina Tennis Association 897 Maplewood Ln. Rock Hill, SC 29730	Coverage is effective and expires at 12:01am at the address of the insured member
Participant No.0497	Enrollment Date: 12/31/2022

Commercial General Liability

Insurer A: Fireman's Fund Insurance Company

Policy Number: UST004998220

\$ 2,000,000 General Aggregate Limit **Limits of Coverage**

\$1,000,000 Products - Completed Operations Aggregate Limit

\$1,000,000 Personal and Advertising Injury

\$1,000,000 Each Occurrence Limit

\$1,000,000 Damage to Premises Rented to You (any one premises)

Deductible Each Claim

\$1,000,000 Per Incident Abuse & Molestation

> \$1,000,000 Aggregate 0 Deductible

Participants Liability \$1,000,000

Hired/Non-Owned Auto \$1,000,000

Extension of Coverage: Contractual Liability, Host Liquor Liability, Volunteers included as Insureds and

Additional Insureds included per written agreement.

Excess/Umbrella

Insurer A: Fireman's Fund Insurance Company

Policy Number: UST000532221

Limits of Coverage

\$2,000,000

Each Occurrence

\$2,000,000

Aggregate

Accidental Death/Dismemberment & Medical Coverage

Insurer B: United States Fire Insurance Company

Policy Number: US1872692

Limits of Coverage

Maximum Medical Benefit per Claim (including Dental Benefit)* 25,000

Accidental Death/Dismemberment Per Claim 25,000

*Accident Medical Benefit excess over other collectible insurance

This Certificate Issued By:

Coverage afforded is subject to policy limits, terms, conditions and exclusions. The above is a statement of limits and does not provide separate, increased or additional limits. This certificate evidences that coverage exists for the operations and activity of tennis and similar activity of the named insured including events that promote community awareness of tennis.

Authorized Representative: W20

1-6-23

Item I

MID-CAROLINA TENNIS ASSOCIATION

897 Maplewood Lane Rock Hill, SC 29730 (803) 325-4022

September 29, 2023



(Hand-Delivered)

Ms. Rebecca Mestas, Community Events Director City of York SC 10 North Roosevelt Street York, SC 29745

Re: Item V. Project and Budget Narrative for MCTA's Application for the Proposed Taste of York Tennis Tournament – September 28, 2024

Dear Ms. Mestas:

The MCTA is working with York School District One to provide a grant to help re-surface the 6 Tennis courts at York High School over the summer of 2024. It will be exciting to have the high school courts in great shape when the September 28 Tournament takes place. The USTA is also working with the City of York to improve York's existing tennis court and consider future plans for expansion.

The real focus of the September 28, 2024 Tournament will be to help to York area restaurants and businesses. We expect to draw players and spectators to the unique and exciting dining, shopping and historic tourism opportunities which we have in the City and surrounding area. We intend to expand the use of gift certificates to local restaurants and businesses in lieu of trophies and other prizes. If the County responds with a \$1,000 Accommodations Tax grant which we are requesting, we will be able to expand use of gift certificates for restaurants and businesses within and nearby the City.

A secondary benefit of the Tournament is that any surplus funds from sponsorships, corporate and individual giving, and tournament fees will go to local charities. Our Fall 2022 Tournament provided over \$2,000 to the York School District One for its tennis programs. The October 7 Tournament coming up is on track to provide substantial charitable gifts to the School District for tennis, for York County Veterans in Need, and for the Friends of the York County Animal Shelter.

Our budget cuts expenses to the minimum with reliance on borrowed tables, chairs, and tents. A local bottling company will be providing sports drinks and bottled water, the MCTA is providing tennis balls, and a local grocery store will provide an in store gift card for goodie bag items and fresh fruit. The total of in-kind gifts is \$550. If our prior corporate and individual

Page 2, Letter to Rebecca Mestas

givers come through and the City and County honor us with H-Tax and A-Tax grants respectively, we should be in good shape to expand the number of gift certificates we can purchase and still have a substantial surplus for local charities.

Sincerely yours,

Kim Ozmon, MCTA Board Member & Treasurer

City of York

Memo

TO: Mayor & City Council

FROM: Dalton Pierce, MPA, City Manager

MEETING DATE: October 16, 2023

SUBJECT: Discussions



GENERAL INFORMATION

Annexation 1176 Chester Highway

At its September 25, 2023, meeting, the Planning Commission considered an application to annex property located at 1176 Chester Highway and rezone from General Industrial to Highway Commercial.

STAFF RECOMMENDATIONS

Planning Commission recommends the property, 1176 Chester Highway, be annexed with a Highway Commercial (HC) zoning designation and that the HC requirements be amended to allow mini-warehouse storage facilities by special exception subject to all conditions specified for such issues on the GI district.

ATTACHMENTS

- A. Planning Viewer
- B. Site Plan

REQUESTED ACTION

No Action Requested





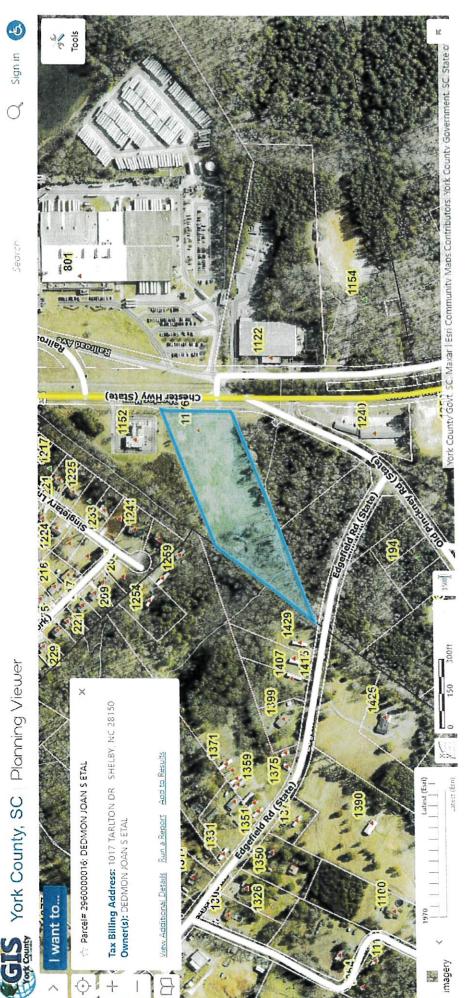
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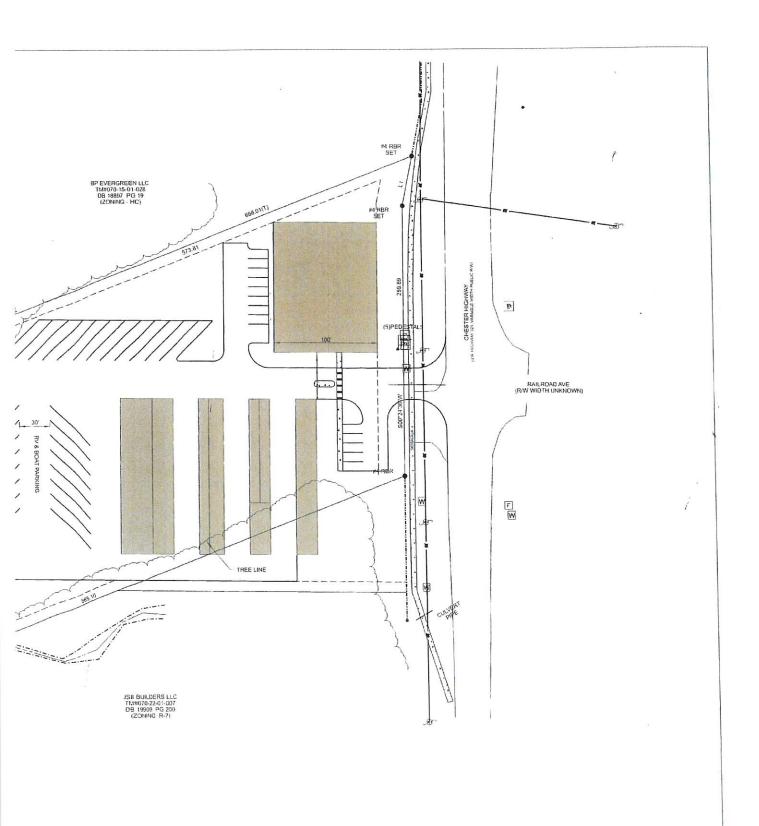




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