



# FY26 Accommodations Tax Grant Final Report Form

Funds Received FY July 1, 2026 – June 30, 2027

Due: July 31, 2027

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Project Dates: \_\_\_\_\_

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Please answer the questions below. You may add as many extra lines as needed in order to give a complete, yet concise answer. Reports should not be hand-written.

## PROJECT OUTCOMES

1. Were you able to complete the project as stated in your original application? \_\_\_Yes \_\_\_No

Describe project success and state any problems you encountered.

2. How has this project increased tourism and visitation to The City of Cayce?

3. Describe how your project worked with businesses that collect A-Tax in The City of Cayce.

4. Briefly describe the marketing efforts to promote your program. Be sure to include how you reached out to tourists.

5. How did your organization determine attendance figures (see below)? Describe methods of tracking attendance and tourism numbers. Describe methods of for determining meals and overnight numbers. **If you have zip code summary data, please attach or email to [Sgaither@caycesc.gov](mailto:Sgaither@caycesc.gov).**

**PROJECT SUMMARY DATA:**

**Provide two years of financial data for the project(s) outlined in your application even if you did not receive A-Tax funding in the previous fiscal year. If FY26 is your first program year, mark the FY25 column with N/A.**

			<b>FY 2024-2025</b>	<b>FY 2025-2026</b>
1	Total Amount of Expenditures (total cost of producing program in which you applied for)			
2	Amount funded by The City of Cayce A-Tax			
3	Amount funded by A-Tax from other jurisdictions			
4	Amount funded from all other sources (grants, sponsors, donations for the project in which you applied for not including A-Tax funds received)			
5	Amount of income generated from the program in which you applied (food/beverage sales, ticket sales, etc.)			
6	Total Cash Income Generated (Add lines 2, 3, 4, and 5)			
7	Value of In-kind Donations for the project outlined in the grant (please provide back-up detail)			
8	Total Revenue (Add lines 6 and 7)			

**TOURISM DATA:**

**Provide two years of attendance and tourism data for the project(s) outlined in your application even if you did not receive A-Tax funding in the previous fiscal year. If FY26 is your first program year, mark the FY25 column with N/A.**

			<b>FY 2024-2025</b>	<b>FY 2025-2026</b>
9	Total number of hotel rooms/overnight stays booked as a result of your program/event			
10	Total tourists (those who traveled from outside the City)			
11	Total attending from The City of Cayce and Lexington County			
12	Percentage of attendees for the project(s) outlined in your application beyond a fifty (50) mile radius)			
13	Total attending from less than fifty (50) miles (includes City of Columbia, Forest Acres, Arcadia Lakes Red Bank, Irmo & Blythewood)			
14	Percentage of attendees for the project(s) outlined in your application within the Midlands; Aiken, Barnwell, Chester, Fairfield, Edgefield, Newberry, Kershaw etc. areas			
15	<b>Total Attendance</b> (Add lines 10, 11,12, 13 and 14)			

**REQUIRED ATTACHMENTS**

\_\_\_ **Grant Expenses List** - Attach an **itemized list of expenditures** not included in the Mid-Year report that includes vendor name, amount, expense purpose, and date paid.

\_\_\_ **Copies of valid invoices and proof of payment** for each grant expenditure. Proof of payment is a copy of a cancelled check, bank statement showing a cleared check or credit card receipt. All grant expenses must tie to expenses outlined in the application budget. **All expenditures should match up to payment requests and original grant budget.**

\_\_\_ **Samples of acknowledgement of The City of Cayce's support.**

**ORGANIZATION SIGNATURE:**

Provide signature of official within organization, verifying accuracy of above statements. Failure to produce completed, accurate reports may result in withholding of future grant allocations.

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**For questions, please call Steven Gaither, Grants Manager at 803-550-9545.**

City of Cayce Grant Department P.O. Box 2004 Cayce, SC 29033 Fax: 803-739-5386 Email: Sgaither@caycesc.gov