

MCCORMICK COUNTY

Application for 2024 Capital Project Sales Tax Proposals

Submission Deadline: June 7, 2024, at 2:00 pm

Which of the following MOST appropriately describes your project (select only one):

Economic Development

Quality of Life

Public Safety

Parks & Recreation

Infrastructure

Submit completed and signed proposal to:

US Mail or Hand Delivered:

McCormick County CPST
Attn: Columbus M. Stephens, Administrator
610 South Mine Stret
McCormick, SC 29835

Submissions must be made by US Mail or Hand
Delivered. Email submissions will not be
accepted.

Required Information and Instructions:

Each of the following questions must be answered at the required level of specificity. Unanswered or poorly answered questions may disqualify your proposal. Where applicable, this Application must be signed by persons authorized to represent requesting entities or organizations. Unsigned submissions will not be considered. Thorough answers are encouraged. Attach additional pages as needed. After application submittal and review, you may be invited to provide an oral presentation of your proposed project.

- 1. Describe the scope and purpose of the project.

2. Please provide an itemized budget, including both revenue and expenditures, for this project. Provide amount of funding sought through Capital Project Sales Tax.

3. Provide an estimate of the approximate size of the structure to be constructed or renovated. Provide steps taken or details to arrive at this estimate.

4. If known, identify the location of the project. Use tax parcel numbers and/or location descriptions that include highway/road/street addresses, landmarks, or distances from landmarks.

5. What is the size of the parcel(s) on which the project will be located after completion?

6. Identify the current owner(s) of the parcel on which the project will be located.

7. What will be the source(s) of revenue used to maintain and operate the project after its completion?

8. Has a Local Government Entity previously been approached about building/renovating, maintaining, and operating this facility? If so, when?

9. If applicable, state the name of any organization, agency, or entity you are authorized to represent in making this application.

10 Identifying information:

Name of Organization: _____

Your Name: _____

Signature: _____

Address: _____

Phone: _____

Email: _____