



## Currituck Travel & Tourism Event Grant Accountability Form

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

**Mailing Address:** \_\_\_\_\_

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

**Project Director:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Amount Awarded:** \_\_\_\_\_ **Amount Spent:** \_\_\_\_\_

**Date Project Completed:** \_\_\_\_\_

**Approximate Total Attendance:** \_\_\_\_\_

**Approximate Number of out of County Attendance:**

\_\_\_\_\_

**Describe how out of County visitors were accounted for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach, typewritten, Project Director's Evaluation of overall project (include a description of estimated economic impact of the event on Currituck County, how has the event reach its goals, enhancements or ideas for growth in the future, overcoming obstacles, etc.).**

**Event Grant Expenses**

**Please attach invoices, cancelled checks or other proof of electronic payment, tear sheets and samples of collateral material.**

**A. Qualified Event Grant Expenses** (non-advertising and non-media promotional items) –  
Attach additional sheet if necessary

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**B. Qualified Advertising Expenses** (specify publication/audio/visual media name, ad size/length, ad cost and run date) – Attach additional sheet if needed.

**Attach copies of marketing even if not part of the grant.**

<b>Media Name</b>	<b>Ad Size/Length</b>	<b>Ad Cost</b>	<b>Run Date(s)</b>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**Total Reimbursable Grant Expenses if paid by Grantee:** \$ \_\_\_\_\_

**Total Net Income:** \$ \_\_\_\_\_

**Total Taxes:** \$ \_\_\_\_\_

**C. Financial Statement:** Attach a complete financial statement or breakdown of all income and expenses related to the event)

**Submitted By:** \_\_\_\_\_  
Project Director Signature

**Address To Which Reimbursement Is To Be Mailed:**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return completed form and attachments to:**

Tameron Kugler, Director  
Currituck Travel & Tourism  
106 Caratoke Highway  
Moyock, NC 27958

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***For Office Use Only***

Date received by Currituck Travel & Tourism: \_\_\_\_\_

Received By (Please Print): \_\_\_\_\_