

## **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 Cou	•
Describe how out of County visitors	

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, tear sheets and samples of collateral material.

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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.

Media Name	Ad Size/Length	Ad Cost	Run Date(s)
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Total Reimburs	sable Grant Expenses if paid by Grantee:	\$
Total Net Incom	ne:	\$
<b>Total Taxes</b> :		\$
C. <b>Financial St</b> expenses related	atement: Attach a complete financial statement of to the event)	or breakdown of all income and
Submitted By:	Project Director Signature	
Address To Wh	nich Reimbursement Is To Be Mailed:	
Name: _		
Company: _		
Address: _		
City: _	State: Zip:	
Return complet	ted form and attachments to:	
Tameron Kugler Currituck Travel 106 Caratoke Hi Moyock, NC 27	& Tourism ghway	
For Office Use	Only	
Date received by	Currituck Travel & Tourism:	
Received By (Pl	ease Print):	