



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.).

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

For Office Use Only

Date received by Currituck Travel & Tourism: _____

Received By (Please Print): _____