



HCTDA 1% Grant Funding
Final Evaluation Report
July 1, 2020 - June 30, 2021

Applicant Name (Organization):

Name of Event/Project:

Date(s) of Event/Project:

Event/Project Manager:

Address:

Phone Number:

Email Address:

1. Provide a detailed overview of the event/project. Detail any success stories that occurred.

2. Provide a recap of any advertising outside a fifty (50) mile radius of Haywood County.

3. Did your event/project receive media coverage? Please provide link(s) to article(s).

4. Provide estimate of the following and explain how you arrived at these figures.

Total Attendance: Daily Average Attendance:

Out of Town Percentage: Total Room Nights:

Explanation:

Please sign below, acknowledging that you understand and agree to them certifying that all the above information is true and accurate to the best of your knowledge.

Submission Information:

Failure to submit the Final Evaluation Report within 60 days of the end of the Event/Project will **result in disqualification** for future funding. Submit completed Final Evaluation Report to the below address or digitally to: lynn@visitncsmokies.com

Applicant Signature: Date:

Applicant Printed Name: