



HCTDA 3% 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:

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**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](mailto:lynn@visitncsmokies.com)

Applicant Signature:  Date:

Applicant Printed Name: