

Albany County Tourism Board
Grant Reporting Form
Project Report & Evaluation Form

(To be filled out and returned within 90 days of completion of the project)

Organization: _____

Event Start Date: _____ **Event End Date:** _____

Number of estimated out-of-town visitors: _____ **Actual:** _____

Estimated number of room nights: _____ **Actual:** _____

Reasons for increase or decrease:

Submit copies/photos of all materials on which the ACTB logo, 800 number, website, brochures or website were promoted.

	YES	NO		YES	NO
Event stationery			Link on your website		
Event registration forms			Posters		
Newspaper ads (<i>identify papers</i>)			Billboards (<i>locations</i>)		
Magazine ads (<i>identify magazines</i>)			Public announcements at event		
Television ads (<i>identify stations</i>)			Reader board recognition at event		
Radio ads (<i>identify stations</i>)			Banner at event site If yes: CACVB will provide banner Date picked up by you: Date returned to CACVB:		
Ad in event program If yes: Size of ad: Date ad due to you:			Other:		
Brochures			Other:		

Submit receipts for purchased items and copies/photos of all materials on which the ACTB was recognized as a sponsor

- Event Stationery (copy)
- Event Registration Forms (copy)
- Entertainment at Event (receipt)
- Speakers/Presenters at Event (receipt)
- Rental Equipment for Event (receipt)
- Event Space Rental (receipt)
- Event Programs (copy)
- On-site Event Brochures (copy)
- On-site Event Posters (copy)
- Refreshments (food and/or non-alcoholic beverages) at Event (receipt)
- Public Announcements at Event (copy of script)
- Reader Board Recognition at Event (photo)
- Banner at Event (photo)
- Table Tents at Event (photo)
- Other (please specify)

Signature of Project Manager: _____ Date: _____