

Jackson County Tourism Development Authority Grant Evaluation Form

Return this form **within 30 days** after the event to the corresponding office above. Failure to return this form could jeopardize future grant requests and/or result in request for reimbursement of grant money. Attached paid receipts for items paid for with grant money.

Organization:	
Project Name:	Date & Time of Event:
Project Director:	_ Phone:
Email:	Website:
Facebook <mark>/Website</mark> URL:	

Give a narrative description of how this project increased tourism in Jackson County, including a description of this event's success. (Use the back of this form for your report). Include website statistics and weekly Facebook reports, if applicable.

Number attended: _____

How was this estimate derived? (Ticket sales, crowd density, counters at entrances, etc.)

Please list materials and advertising where Jackson County Tourism Development Authority was mentioned and where the Play On logo appeared. Please e-mail copies of any digital media and attach tearsheets for print placements.

Jackson County Tourism Development Authority, 116 Central Street, Sylva, NC 28779 Telephone: 828-848-8711 / E-mail: <u>Director@DiscoverJacksonNC.com</u> Grant application revisions approved by board December 5, 2017

Will this project/event take place next year?	If no, explain
When is the next event date?	If you do not have a date for next
year's event, please set one soon so we can begin promoting.	
What changes or improvements could/will be made by your o	rganization for this project
for the future?	

Attach a detailed breakdown of expenses and income for the event and highlight where TDA funds were expended.

Signature: I certify grant funds were expended as detailed in the grant application

Grant Reimbursement

Did you pay media vendors directly?	Are we paying media vendors directly?
If you paid vendors directly, please include copies of invoices marked paid and cancelled	If we are remitting payment to media vendors, please include invoices clearly showing the
check copies or a credit card statement showing the charge (you may black out other items or account numbers). Please list the best address to send reimbursements to below	payment address and the amount(s) due; they must reflect the approved media vendors in the grant application and the total grant funds approved.
Check payable to:	
Address:	

Please make a copy of all materials before sending them to the JCTDA.

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