

Washakie County Tourism Board (Worland/Ten Sleep Visitors Council) P.O Box 632, Worland, WY 82401

GRANT PROJECT REPORT & EVALUATION FORM

(To be filled out and returned within 60 days of completion of the project.)

ORGANIZATION:			
CONTACT PERSON: _			
PHONE:	EMAIL:		
MAILING ADDRESS: _			
PROJECT TITLE:			
		GRANT AMOUNT:	
WHAT WAS YOUR EXF	PECTED ATTENDANCE TO	THIS EVENT?	
TOTAL # OF ACTUAL F	PARTICIPANTS	TOTAL # OF ACTUAL SPECTATORS	
NUMBER OF OUT OF	COUNTY PARTICIPANTS A	AND SPECTATORS: PROJECTED ACTUAL	
NUMBER OF ROOM N	GHTS: PROJECTED	ACTUAL	
REASONS FOR INCRE	ASE/DECREASE:		
		OST EFFECTIVE?	
		WII IVO	
LEAST EFFECTIVE?		WHY?	
WHAT CHANGES OR II	MPROVEMENTS ARE PLA	NNED FOR NEXT YEAR?	
Attack copies and/or ph	etae of all motorials as which	h the WCTD was recognized as a spencer	
	ch WCTB grant funds were u	h the WCTB was recognized as a sponsor. used:	
Brochures (Copy Atta	iched)		
Posters and promot	ional flyers (Copy Attached)		
Billboards (Copy Atta	ched)		
Magazine advertisin	g (Copy Attached)		
Newspaper advertis	ing (Copy Attached)		
Radio advertising (C	opy Attached)		
Television advertisin	ig (Copy Attached)		
Travel trade shows	(booth fees, registration fees & mat	terial production) (Copy Attached)	
Websites (Copy Attac	hed)		

THE FOLLOWING SHOULD ACCOMPANY THIS FINAL REPORT FORM:

- 1. All Paper work outlined in the, *Grant Guidelines* for Payment/Reimbursement.
- 2. Copies of materials described above.