



Currituck Travel & Tourism Event Grant Accountability Form

Organization: _____

Mailing Address: _____

Project Name: _____

Project Director: _____ **Contact Phone Number:** _____

Amount Awarded: _____ **Amount Spent:** _____

Date Project Completed: _____

Approximate Total Attendance: _____

Approximate Number of out of County Attendance:

Describe how out of County visitors were accounted for:

***Please attach, typewritten, Project Director's Evaluation of overall project (include a description of estimated economic impact of the event on Currituck County, how has the event reach its goals, enhancements or ideas for growth in the future, overcoming obstacles, etc.).**

***Please attach advertising tear sheets and/or samples of collateral material showing Currituck Travel & Tourism listed as a sponsor. Photos are acceptable.**

Event Grant Expenses

Please attach paid invoices or other proof of electronic payment.

A. Qualified Event Grant Expenses (non-advertising and non-media promotional items) –
Attach additional sheet if necessary

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Qualified Advertising Expenses (specify publication/audio/visual media name, ad size/length, ad cost and run date) – Attach additional sheet if needed.

Attach copies of marketing even if not part of the grant.

Media Name	Ad Size/Length	Ad Cost	Run Date(s)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Total Reimbursable Grant Expenses if paid by Grantee: \$ _____

Total Net Income: \$ _____

Total Taxes: \$ _____

C. Financial Statement: Attach a complete financial statement or breakdown of all income and expenses related to the event)

Submitted By: _____
Project Director Signature

Address To Which Reimbursement Is To Be Mailed:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Return completed form and attachments to:

Tameron Kugler, Director
Currituck Travel & Tourism
106 Caratoke Highway
Moyock, NC 27958

For Office Use Only

Date received by Currituck Travel & Tourism: _____

Received By (Please Print): _____