**Destination Sales Grant Final Project Report**

**Due Date:** No later than 60 days after completion of the project.

**Organization Name:**

**Submitted By:**

**Project Completion Date:**

**Date Submitted:**

**To complete your project and receive the balance of your grant award, please complete the following:**

* Complete questions 1-4 below.
* Complete the project expenses worksheet on the next page.
* Email this completed report, plus (a) copies of paid invoices; (b) copies of cancelled checks or wire transfers showing payment on invoices; (c) an invoice to CAEDC for your final award; and (d) photos of your completed project to [patrick@visitcumberlandvalley.com](mailto:patrick@visitcumberlandvalley.com).

1. **Was the event successful?**
2. **How many attendees did your event have? If more or less than anticipated in your application, please explain what factors impacted attendance.**
3. **Did your project come in over or under budget? If so, why?**
4. **Provide a testimonial on the value of the grant program.**

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| --- | --- | --- | --- |
| **Project Funding** | | | |
| **Funding Sources** | **Amount from Application** | **Actual Amount** | **Notes** |
| CAEDC Grant Funds | $ |  |  |
| Your Organization’s Cash Match | $ |  |  |
| In-Kind Match | $ |  | \_\_\_\_\_ hours @ $\_\_\_\_\_/hr |
| Other Funding Source\* | $ |  |  |
|  |  |  |  |
| **Total Project Revenue** | **$** | **$** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Expenses** | | | |
| **Expenses** | **Amount from Application** | **Actual Amount** | **Invoice Number / Notes** |
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| **Total Project Expenses** | **$** | **$** |  |