



Post Event Summary Form

SECTION A:

Name of Organization: _____

Name of Event: _____

Date of Event: _____ Estimated Attendance: _____

SECTION B:

You may attach up to two sheets of paper that include the following information about the event.

1. In the space below describe the method used to estimate attendance. If a private group was utilized to collect data through surveys or other methods include their information.

2. List and describe the advertising utilized in the promotion of the event.

Ad Description	Publication or Media Outlet	Coverage/Distribution
1.		
2.		
3.		
4.		
5.		

3. List and describe any press or media coverage about the event.

Press or Media Outlet	Description of Coverage (example: sound bite, evening news, front page story etc.)
1.	
2.	
3.	
4.	

SECTION C:

In the table below, evaluate the success of the event by placing an "X" in the appropriate box. If a description does not apply to your event, leave the box blank.

Evaluation of:	Poor	Needs Improving	Fair	Good	Excellent
1. Attendance					
2. Marketing of Event					
3. Organization of event					
4. Planning Committee					
5. Volunteer cooperation					
6. Hotel Room nights Generated					
7. Other economic impact					
8. Entertainment					
9. Execution of event					
10. Overall Success					

Additional Comments or future plans for the event:

Would this organization consider applying for the ANFVB grant again in the future? _____

SECTION D:

This summary is due no later than **60 days** after the final day of your event. Failure to submit this summary on time will jeopardize your organization's ability to receive future ANFVB grants.

By signing and submitting this form you are recognizing that hereafter your contract with the ANFVB grant program is closed and you will no longer be eligible to submit requests for reimbursement for the FY25 Grant Program after the date below.

Signature of Project Manager

Date Submitted

Allegheny National Forest Visitors Bureau
Grant Reimbursement Form

Name of Organization: _____

Name of Event: _____

Date of Event: _____

Total amount of grant awarded: \$ _____

Amount reimbursed to date: \$ _____

Amount requested today: \$ _____

Remaining grant balance: \$ _____

Note: It is the responsibility of the participant to keep track of amounts reimbursed to date as well as the remaining grant balance.

Itemize each expense that is being submitted for reimbursement today in the space below. (Include description of ad or materials, name of publication, drop dates, number to be distributed for mailings etc.)

1.
2.
3.
4.

Attach separate copies of the items listed below to this reimbursement form. **All items must be submitted on separate sheets of paper. Do not combine copies of checks or invoices on one sheet.**

Copy of ad or material submitted

Proof of payment

Copy of original vendor invoice

Completed reimbursement form

Signature of Project Manager

Date Submitted

Date ANFVB Reviewed and Approved: _____