

Allegheny National Forest Visitors Bureau Grant Program Post Event Summary Form

Name of Organization:					
-					
Date of Event:	f Event: Estimated Attendance:				
SECTION B:					
You may attach up to tw	o sheets of paper that include the follow	owing information about the event.			
through surveys or other i	cribe the method used to estimate attend methods include their information. dvertising utilized in the promotion of the		collect data		
Ad Description	Publication or Media Outlet	Coverage/Distribution			
1.					
2.					
3.					
4.					
5.					
3. List and describe any p	ress or media coverage about the event.				
Press or Media Outlet	Description of Coverage (example: sound bite, evening news, fi	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					
Would this organization consider applyin	g for the ANF	VB grant again in	the future?		
SECTION D:					
This summary is due no later than 60 da jeopardize your organization's ability to r			vent. Failure to	submit this sur	nmary on time will
By signing and submitting this form y program is closed and you will no lon Program after the date below.					
Signature of Project Manager		_	Date Si	ubmitted	



Name	of Organization:				
Name	of Event:				
Date o	f Event:				
	Total amount of grant awarded	d: \$			
	Amount reimbursed to date:	\$			
	Amount requested today:	\$			
	Remaining grant balance:	\$			
	It is the responsibility of the participant to maining grant balance.	keep traci	k of amounts reimbursed to date as well as		
	e each expense that is being submitted for reinction of ad or materials, name of publication, d				
1.					
2.					
3.					
4.					
	separate copies of the items listed below to the sheets of paper. Do not combine copies		rsement form. All items must be submitted on as or invoices on one sheet.		
□ C	opy of ad or material submitted		Proof of payment		
п с	opy of original vendor invoice	0	Completed reimbursement form		
Signature of Project Manager		 Date	Date Submitted		
Date A	NFVB Reviewed and Approved:				