

# BUCKS COUNTY TOURISM GRANT PROGRAM

## Grant Completion Report

Name of Organization:

Project Title:

Program Director:

Email:

Grant Award Amount:

\$

Year Grant Awarded:

Project description.

How did the project accomplish your organization's mission?

How did the project benefit the local, Bucks County economy?

Provide actual attendance or visitation numbers and tracking method (if applicable.)

Provide visitation numbers beyond Bucks County (50+ miles) (if applicable.)

Provide metrics from media impressions (if applicable.)

What was the project's impact on area accommodations and room nights booked (if applicable?)

If this is an annual event, how was this year different (if applicable?)

Certification and Signature:

I certify with my signature that the information provided in this Grant Completion Report and on the Grant Completion Report Expenditures Worksheet are accurate and were used in accordance of the Rules and Regulations to the best of my knowledge.

Name of Chief Executive of Organization:

Electronic Signature of Chief Executive Officer of Organization:

Clear

Today's Date: