



GRANT PROJECT REPORT & EVALUATION FORM
(Return completed form within 60 days following event.)

Organization: _____

Main Program Contact: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Name of the Event/Project: _____

Start Date: _____ End Date: _____ Amount Approved: \$ _____

Location: _____

How many people did you expect for your event? _____

Approximately how many people actually attended your event? _____

Describe method used to estimate attendance:

List and describe the advertising utilized in the promotion of the event: (Ad description, publication or media outlet and coverage/distribution)

List and describe any press or media coverage prior, during or after your event:

What marketing promotion worked well?



What marketing promotion did NOT work well?

Where was the event promoted? (Please circle all that apply):

Locally

Regionally

Locally and Regionally

Other

If other, please describe:

Did you solicit corporate sponsorship? If no, why not?

What corporate sponsor(s) did you attract and how did they contribute to your event?

Did you meet your budget? Yes _____ No _____

Please rate your event: (Circle your answer)

Attendance	Very Poor	Poor	Average	Good	Very Good
Marketing of Event	Very Poor	Poor	Average	Good	Very Good
Organization of Event	Very Poor	Poor	Average	Good	Very Good
Planning Committee	Very Poor	Poor	Average	Good	Very Good
Volunteer Cooperation	Very Poor	Poor	Average	Good	Very Good
Hotel Room Nights Generated	Very Poor	Poor	Average	Good	Very Good
Other Economic Impact	Very Poor	Poor	Average	Good	Very Good
Execution of Event	Very Poor	Poor	Average	Good	Very Good
Overall Success	Very Poor	Poor	Average	Good	Very Good



Additional comments or future plans for the event:

Please attach copies and/or photos of all materials on which the CACVB was recognized as a sponsor.

This evaluation form is due no later than 60 days after the final day of your event. If you do not submit this evaluation by the deadline, you will not receive the approved funding and will jeopardize any consideration for funding in the future.

Signature of Project Manager _____ Date _____

Date Received by the CACVB Office, 139 W. 2nd Street, Suite 1B, Casper WY: _____

Staff Initials _____