



**Effingham Local Tourism Grant Program**  
**CLOSING REPORT**  
DUE 60 DAYS AFTER EVENT

Name of Event/Project: \_\_\_\_\_

Date(s) of Event/Project: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount of Grant Funds Received: \_\_\_\_\_

Number of Overnight Stays Generated: \_\_\_\_\_ Host Hotel (if applicable): \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Percentage of Attendees from Other Communities: \_\_\_\_\_

Dates for Next Year's Event: \_\_\_\_\_

Signature: \_\_\_\_\_



FOR OFFICE USE ONLY

File #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Hotel Room Track: \_\_\_\_\_

Date Final Report Approved: \_\_\_\_\_

1. Describe the event:

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2. Did the event generate the number of expected overnight stays? Why or why not?

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3. Did the event have the attendance expected? If not, why?

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4. Will this event be held again in Effingham?

☐ Yes

☐ No

5. How were the local grant funds expended? (Marketing, Transportation, Facility Rental, etc.)

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6. How did you collect data to measure the results of your event/project?  
(Event attendance, # of overnight stays, profile of attendees, etc.)

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7. Does your organization plan to request funding again next year?  
☐ Yes ☐ No
8. Attach a final itemized budget showing all costs associated with the event. Show both revenue and expenditures. Also, attach invoices for the expenditures where grant funds were used.
9. Attach marketing materials demonstrating how the Effingham Convention and Visitors Bureau was recognized, **as required by the grant guidelines.**
10. Attach any proof of overnight stays, including comment cards given to you with the check. (You should be asking attendees, participants, etc. in registration or at the event, if they are spending the night in an Effingham hotel.)

**Please return this report to:**  
Effingham Tourism Department  
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Effingham, IL 62401  
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(217) 342-5310 (Ext 5305) -- Phone  
(217) 342-4939 -- Fax