



Dare County Tourism Board/Outer Banks Visitors Bureau
Event Grant Accountability Form

Organization: _____

Mailing Address: _____

Project Name: _____

Project Director: _____ Daytime Phone Number _____

Amount Awarded: _____ Amount Spent: _____

Date Project Completed: _____

Approximate Total Attendance: _____

Approximate Out of Town Attendance: _____

Describe how out of town visitors were accounted for:

Project Director's Evaluation of overall project (include a description of estimated economic impact of the event on Dare County, how has the event reach its goals, enhancements or ideas for growth in the future, overcoming obstacles): Attach additional sheets if necessary.

EXPENSES

Please attach paid invoices, cancelled checks or other proof of electronic payment, tear sheets and samples of collateral material. Unpaid invoices are not considered proof of liquidated financial obligations.

A. Qualified Grant Expenses (non-advertising)

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

B. Qualified Advertising Expenses (specify publication/audio/visual media name, ad size/length, ad cost and run date) Attach additional sheet if needed. **Attach copies of marketing even if not part of the grant.**

<u>Media Name</u>	<u>Ad Size/ Length</u>	<u>Ad Cost</u>	<u>Run Date(s)</u>
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Total Reimbursable Grant Expenses: \$ _____

Total Income: \$ _____

(Attach a complete financial statement or breakdown of all income and expenses related to the event)

SUBMITTED BY: _____
Project Director Signature

ADDRESS TO WHICH REIMBURSEMENT IS TO BE MAILED:

Return completed form and attachments to:

Grants Administrator
Outer Banks Visitors Bureau
One Visitors Center Circle
Manteo, NC 27954