

CONVERSE COUNTY TOURISM AND PROMOTION BOARD COMPLETED PROJECT REPORT AND EVALUATION FORM PO BOX 1212 DOUGLAS, WYOMING 82633

Please e-mail the Evaluation and Reporting Form within 60 days after completion. Please review and comply with the CCTPB Grant Funding Evaluation and Reporting Procedures

| EVENT NAME | | EVENT DATE |
|--|------------------------------|------------|
| HOST ORGANIZATION | | |
| AMOUNT APPROVED | AMOU | NT SPENT |
| SUMMARY OF EXPENDITURES - FINAL BUDGET (Please attached all invoices and proof of payment) | | |
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| PLEASE ATTACH COPIES OR | PICTURES OF PROMOTIONAL MATE | ERIAL |
| | | |
| ESTIMATED NUMBER OF AT | TENDEES | |
| LODGING DATA (Source) | | |
| PLEASE ATTACH OR DESCRIBE ANY TRACKING OR PARTICIPANT DATA (Where did attendees hear about the event, AI, data, surveys etc) | | |
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| CONVER | SECOUNTYTO | IRISM COM |
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| Received Date | (to be completed by (CCTPB) | |