



## 2016-17 Post Event/Program Reporting Form

Please fill out and return the completed form to the Mendocino County Tourism Commission with 45 days concluding your event or program. Completed forms can be returned via email, regular mail, or in person:

- email: [Luz@visitmendocino.com](mailto:Luz@visitmendocino.com)
- mail/in-person: 345 North Franklin Street, Fort Bragg, CA 95437

### EVENT/PROGRAM DETAILS

Event/Program Name \_\_\_\_\_

Date(s) \_\_\_\_\_ to \_\_\_\_\_

Location(s) \_\_\_\_\_

### EVENT/PROGRAM FUNDING

How much funding did you receive from Visit Mendocino County (MCTC)? \$ \_\_\_\_\_

How were the funds used? \_\_\_\_\_

---

---

---

---

---

How do you feel the grant funds helped your event or program? \_\_\_\_\_

---

---

---

---

---

---



**EVENT/PROGRAM ACTUALS**

Please fill in any and all applicable information below. If not applicable, fill in “N/A”. If this is a new event, please fill in the future projections of this portion.

Total Revenue _____	Total Expenditures _____
# Attendees _____	% Attendees Outside the County _____
# Vendors _____	# Volunteers _____
# Room Nights _____	<i>*Hotels, motels, vacation rentals, RV parks &amp; campgrounds.</i>

**FINAL EVENT/PROGRAM BUDGET**

Please provide or attach up to a one-page outline of your final event/program budget.

**Revenue**

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

**OTHER FUNDING**

Other sponsorship dollars	\$ _____
Matching funds	\$ _____
In-kind donations	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>

**Expenses**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>



**EVENT/PROGRAM QUESTIONNAIRE**

Will you repeat this event or program in the future?       YES     NO

If YES, what are the future dates? \_\_\_\_\_

What event(s) or program(s) did you apply your volunteer hours towards? \_\_\_\_\_

If available, will you be applying for funds next year?       YES     NO

If YES, how much will you be requesting? \_\_\_\_\_

How could MCTC improve this program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ (please initial) YES, I attest that the information provided in this Post Event/Program Report is true, complete and accurate. Should I furnish any false information in this report, I hereby understand that such act may result in the denial of future funding.

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