



**Visit Elizabeth City Tourism Expenditure Grant
FY19-20 Matching Marketing Grants FINAL REPORT**

Please use the following form to request your disbursement of awarded funds. If a question does not pertain to you, please use "n/a" as an answer – please do not skip any questions.

OVERVIEW.

Organization Name	
Address	
Project Name	
Project Address [if different]	
Contact Person	
Email Address	
Phone Number	
Project Begin Date	
Project End Date	
Total Project Budget - FINAL	
Total Marketing Budget - FINAL	
Match Dollars provided by applicant - FINAL	
Source of Match Dollars - FINAL	
Amount of Funding Awarded	

Submit Report to
 Visit Elizabeth City
 501 South Water Street
 Elizabeth City, NC 27909
Info@VisitElizabethCity.com

PROJECT SUMMARY.

Project Name	
Brief description of results of the Project.	
FINAL visitor attendance from outside a 40-mile radius	
FINAL hotel/motel/B&B/Airbnb room nights generated	

MARKETING PLAN.

FINAL copy of completed marketing plan	
Provide an analysis of the performance of the marketing	
Please provide samples of marketing materials, screenshots of digital ads, etc. Be sure to include materials showing the Visit Elizabeth City logo.	
Provide copies of receipts for marketing and advertising purchases.	

THIS REPORT MUST BE SUBMITTED WITHIN 60 DAYS OF COMPLETEION OF THE PROJECT OR NO LATER THAN JUNE 5, 2020

I acknowledge I have provided an accurate and complete report to the best of my ability and understand that presenting false information will impact future grant applications.

Project Director Signature

Print Name & Title