

Report Due 60 Days Post Project Completion

**Hotel Occupancy Tax Fund
Event Post Report**

Organization _____

Event _____

Amount of Funds Awarded _____

Name of Person Submitting Report _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Date Event Completed _____

MEDIA / ADVERTISING INFORMATION

Provide summary of media/advertising exposure received (local, regional, state and national print/television/radio advertising) with copies of receipts, contracts or copies of checks. Please include examples of promotional materials (brochures, posters, programs, etc.) and a listing of areas of distribution.

PARTICIPANT / SPECTATOR / VISITOR INFORMATION

1. Number of Attendees (If multiple day event, please list by date)

Out of Town
Visitors _____

Total
Attendees _____

Date _____

How Verified (event registration, head count, sign in, estimate, other)

2. Total # Room Nights (room nights = # rooms x # nights)

Date	Establishment Hotel, Motel B&B	Total Room Nights	Room Rate	Rate How Verified

EVENT FINANCIALS

Please attach the event financial statement. The financials should include **expenses** for items such as clean-up services, rentals, equipment, entertainment, sanction fees, facility rental, security, officials, insurance, housing, labor, marketing/promo, event director, etc.

The financials should also include **revenue** sources such as booth fees, hotel motel funds, entry fees, registrations fees, souvenir sales, admission, sponsorships, etc.

SURVEY

Please attach any survey(s) conducted during or after the event. Additional literature pertaining to the event such as e-mails, newspaper or magazine articles, etc. should also be submitted.

I certify that the above information is true and accurate to the best of my knowledge

(Name – Printed)

(Organization)

(Date)

(Signature of Above)

Please Note: **Report Due 60 Days Post Project Completion**

Failure to submit a Post Event Report with the requested information/documents within 60 days of the receipt of this Post Event Report form could affect future funding recommendations for hotel motel dollars.

Please return the completed form to:

*City of La Grange
City Manager
155 E Colorado
La Grange, TX 78945*