



Project Evaluation Form

This form must be completed within sixty (60) days after the funding of an event/project/program.

Please submit completed form, with necessary attachments to:
Alleghany Tourism Development Authority • PO Box 1256 • Sparta, NC 28675

Date: _____

Tax ID Number: _____

Name of Applicant Organization: _____

Event/Program/Project Name: _____

Event/Program/Project Director: _____

Phone: _____

Email: _____

Mailing Address: _____

Number of Attendees: _____ Number of Inquiries: _____

Provide a narrative description of how your event/project/program increased travel and tourism in alleghany County. Use additional pages if necessary.

Types and quantities of materials distributed:

Newspaper

Website

TV

Social Media _____

Will this event/Program/Project take place next year? If not, please explain:

What changes or improvements could be made by your organization to the event/program/project?

Please provide a list of collaborations, co-sponsors, or additional supporters if not already listed in the original grant application:

Attach to this form:

- Actual breakdown of Project expenditures. Indicate line item(s) where TDA funding was applied.
- Copies of any printed materials produced for the event/program/project
- Completed original grant application

Authorized Signature and Title

Date

Print Name