



Tourism Development Authority
RUTHERFORD COUNTY, NC

Grant Funding Event Evaluation Form

Note: To be considered for future grant funding from Rutherford County Tourism Development Authority, this form must be completed and returned within 30 days after your event.

ORGANIZATION/AGENCY: _____

EVENT NAME: _____ DATE OF EVENT: _____

EVENT DIRECTOR / TITLE/RELATIONSHIP TO ORGANIZATION: _____

PROJECTED ATTENDANCE: _____ PERCENTAGE FROM OUT OF COUNTY _____

ESTIMATED ROOM NIGHTS FROM EVENT _____

PLEASE PROVIDE A NARRATIVE DESCRIPTION OF HOW YOUR EVENT INCREASED TRAVEL AND TOURISM IN RUTHERFORD COUNTY. (Use back or attach a sheet if needed.)

Will this event take place again next year? _____ If no, please explain _____

- Please attach or include a copy of any printed materials produced for the event.



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PROJECT BUDGET: (Attach additional sheets if needed.)

A) EVENT FEES & EXPENSES (Be specific in expense breakdown.)

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

B) MARKETING/PROMOTIONS: Specify type and location. If audiovisual, film, video, etc.

For all other, be specific in expense breakdown. (Paid media only)

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

C) OTHER (Be Specific.)

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

TOTAL BUDGET (Combine totals of lines A-C): \$ _____

If this project has been held previously, include a copy of the budget from the previous year.

Return this form to:
Rutherford County Tourism Development Authority
P.O. Box 834
Rutherfordton, NC 28139
Or email to: Taylor.Hardin@rutherfordcountync.gov

Please attach additional documentation as needed.