| Appendix D: FINAL REPORT FISCAL YEAR *Due within 60 days of completion of event | |
|---|---|
| Even | t Name:Organization: ing Manager:EMAIL: ess:Phone: VER THE FOLLOWING QUESTIONS FOR EACH ELEMENT IN YOUR SCOPE OF WORK. ATTACH TIONAL NARRATIVE OF EVENT IF NECESSARY. AL _ Required for reimbursements - Answer each question as it relates to the Scope of |
| Repo | orting Date: Organization: |
| | ding Manager:EMAIL: |
| Addr | ress: Phone: |
| | ====================================== |
| | AL – Required for reimbursements - Answer each question as it relates to the Scope of the for the event. What is the overall assessment of the event? Did the event have the anticipated results? |
| | a. Number of participants and attendees from out of the Lee County area. (appendix E) |
| | b. Total Number of revenue producing room nights generated by the event (appendix F.) |
| 2. | Did expenditures fall within the most recent event funding budget categories? |
| 3. | |
| 4. | List efforts made to 'green' your event and the benefits derived. |
| 5. | What recommendations do you have for improved results in the future? |
| 6. | What VCB workshops and assistance did you participate in and find helpful? |