

**Appendix D: FINAL REPORT FISCAL YEAR\_\_\_\_\_** \*Due within 60 days of completion of event.

Event Name: \_\_\_\_\_

Reporting Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Funding Manager: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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ANSWER THE FOLLOWING QUESTIONS FOR EACH ELEMENT IN YOUR SCOPE OF WORK. ATTACH ADDITIONAL NARRATIVE OF EVENT IF NECESSARY.

**FINAL** – Required for reimbursements - Answer each question as it relates to the Scope of Work for the event.

1. 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. How and what were the results of the marketing efforts proposed in funding request? (Impressions, tracking, surveys, analytics) (Appendix B & C2)

