

# BUCKS COUNTY

## TOURISM GRANT PROGRAM

### Grant Completion Report

Name of Organization:

Project Title:

Program Director:

Email:

Grant Award Amount:

\$

Year Grant Awarded:

Project description.

How did the project accomplish your organization's mission?

How did the project benefit the local, Bucks County economy?

Provide actual attendance or visitation numbers and tracking method (if applicable.)

Provide visitation numbers beyond Bucks County (50+ miles) (if applicable.)

Provide metrics from media impressions (if applicable.)

What was the project's impact on area accommodations and room nights booked (if applicable?)

If this is an annual event, how was this year different (if applicable?)

Certification and Signature:

I certify with my signature that the information provided in this Grant Completion Report and on the Grant Completion Report Expenditures Worksheet are accurate and were used in accordance of the Rules and Regulations to the best of my knowledge.

Name of Chief Executive of Organization:

Electronic Signature of Chief Executive Officer of Organization:

Clear

Today's Date:

# BUCKS COUNTY

## TOURISM GRANT PROGRAM

### Expenditures Worksheet

Name of Organization:

Project Title:

Email:

Today's Date:

Grant Award Amount:

Year Grant Awarded:

Total Project Expenses

Expenses rendered in connection with the execution of the Bucks County Tourism Grant must be in accordance with the terms, including percentage match, set for in the Rules and Regulations.

	Activity/Description	Vendor Name	Total Expense of Activity	Applied Bucks County Tourism Grant Award Amount	Proof of Payment	Receipt/Invoice Attached?
1	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
6	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="Receipt, invoice"/>	<input type="text" value=""/>
<b>Total</b>			0	0		

Subtotal of Expenses:

Subtotal of Expenses Applied to Grant Award Amount (must match Grant Award Amount):