VISITNC SMOKIES

HCTDA Grant Program

Request for Payment & Final Evaluation Form

July 1, 2024 - June 30, 2025

Instructions: Please submit this form, 3 examples of Recognition Verification, and supporting attendance documentation (per grant guidelines) with your request for reimbursement via JotForm. Requests **must** be submitted within 45 days after the completion of event/project <u>and</u> by June 30. Incomplete requests will cause delay in the payment process and may cause the payment to be denied.

Organization Name:

Name of Event/Project:

Authorized Contact:

Phone Number:

Make Check Payable To:

Mailing Address:

Total Awarded: _____

Total Requested: _____

Note: Furnishing false information may constitute a violation of applicable state and federal laws.

Certification: I certify that the above data is correct based on this organization's official accounting system and records, consistently applied and maintained, and that the costs shown have been made for the purpose of, and in accordance with the terms of the HCTDA funding application. The funds requested are for payment of actual costs made during this time period.

Applicant Signature: _____   Date: _____

Applicant Printed Name: _____

1. Date(s) of event/project: _____

2. Provide a detailed overview of the event/project. Detail any successes or challenges that you encountered. What were some key learnings from this event/project that can be applied in the future?

3. How did the event/project contribute to the overall goals of the Tourism Promotion grant program, including all four elements: visitor attraction and economic impact, innovation and uniqueness, collaboration and community support, and seasonal and off-peak promotion?

4. How did you market, advertise, or promote the event/project to drive visitation?

5. Did your event/project receive media coverage? Please provide link(s) to article(s).

6. Attendance Estimate – to help us accurately assess the impact of the event, please provide an estimate of total attendance, including a breakdown of local and out-of-town visitors. See below for definitions.

Total Attendance: [   ]   Overnight Visitors: [   ]

Local Attendees: [   ]   Day Trip Visitors: [   ]

Estimation Method: [   ]

Data: Please attach any additional data or reports that support your attendance estimates.

Local: Resident of Haywood County.
Visitor: Anyone residing **more than 50 miles** away from Haywood County.

Further breakdown of visitors:

- **Daytrip Visitor:** Resides 50-150 miles away from Haywood County.
- **Overnight Visitor:** Resides **more than 150 miles** away from Haywood County.

Choose the most appropriate estimation method(s) based on your event:

- **Ticket Sales Data:** If you have ticket sales data, analyze the breakdown of buyer locations (e.g., zip codes, address information).

- **Surveys:** Conduct surveys at the event or online to gather participant demographics, including residence location.

- **Lodging Data:** If applicable, work with local hotels or tourism partners to obtain data on non-local guests during the event period.

- **Visual Counts and Sampling:** For free events, estimate attendance using visual counts at entry points and consider sampling techniques to estimate local/out-of-town breakdown.

- **Past Event Data:** If you have data from previous years' similar events, use it as a reference point while acknowledging potential differences.

- **Provide supporting evidence:** Briefly explain the method(s) used and share any relevant data or calculations used to reach your estimate.

7. Were there any significant deviations from the budget submitted in your grant application? If yes, please explain the reasons and amounts.

8. I understand that three (3) examples of Recognition Verification are required in order to be reimbursed. I verify that I will submit proof of verification as an attachment. ☐

Please sign below, acknowledging that you understand and agree to them certifying that all the above information is true and accurate to the best of your knowledge.

Submission Information:

Failure to submit the Final Evaluation Report within 45 days of the end of the event/project and by June 30 will result in disqualification for future funding. Submit completed Request for Payment & Final Evaluation Report digitally via Jotform.

Applicant Signature: _____   Date: _____

Applicant Printed Name: _____

HCTDA | 91 N Lakeshore Dr Lake Junaluska, NC | 828-944-0761

Revised 03/2024