

Post Event Report Form

Must be submitted no later than 45 days following event completion

Organization Information

Name of Organization		
Address		
City/State/Zip		
Contact Person		
Contact Phone Number	Cell	Work/Home
Email		
Website		
Non Profit? Yes <input type="checkbox"/> No	Federal Tax I.D.#	

Proposal Information

Name of Project/Event
Date of Project/Event
Amount of HOT Funds Awarded
Amount of Funds eligible for reimbursement
<p>Number of attendance</p> <p style="margin-left: 40px;">Local Visitors estimated _____ actual _____</p> <p style="margin-left: 40px;">Out of Town Visitors estimated _____ actual _____</p> <p>Number of Hotel rooms booked by event participants _____</p>

Please provide documentation on how attendance and hotel room bookings were tracked.

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How were H.O.T funds utilized? (Provide your budgeted and actual amounts)

Please explain or provide documentation on how lodging establishments were notified of the event.

Revenues

Budgeted	Actual
Revenues	Revenues
Donations	Donations
Entry Fees	Entry Fees
Vendor Fees	Vendor Fees
Other	Other
Other	Other
Revenue Balance	Revenue Balance

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Expenditures

Budgeted	Actual
Expenditures	Expenditures
Staffing	Staffing
Audio Visual/Entertainment	Audio Visual/Entertainment
Supplies	Supplies
Rentals	Rentals
Food and Beverage	Food and Beverage
Location Cost	Location Cost
Signage	Signage
Security	Security
Grounds Keeping	Grounds Keeping
Marketing/Promotion	Marketing/Promotion
Insurance	Insurance
Other	Other
Expenditures Balance	Expenditures Balance

Cost Break Down

Percent of Costs covered by H.O.T Funds?
Percent of facility costs covered by H.O.T funds?
Percent of staff costs covered by H.O.T. Funds?
Total Costs

Marketing Breakdown

Newspapers	Posters
Radio	Web
Flyers	Brochures
Social Media	Other

Please attach a sample of each form of printed advertising material to the back of this form that was used to show how your event represented The City of Palestine.

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***Provide copies of receipts, invoices, explanation of charges and proof of payment of expenses for which reimbursement is requested.**

Answer the following questions if applicable. You may attach additional pages, indicating the specific question you are answering, if needed.

Were the outcomes of this event what you expected? Why or why not?
Is this event something your organization plans to do again? Why or Why not?
How did the use of HOT Funds impact the success of this event/project?
How did you market outside of the local area for this event?
How did the event/project use funds to promote Palestine?

I certify that the information contained in this application is correct to the best of my knowledge and that I am authorized to complete this Post Event Form on behalf of the organization herein described for the purpose of receiving City of Palestine H.O.T. Funds.

Signature: _____

Date: _____

Printed Name and Title: _____

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Attachments:

- Attendance Documentation
- Copies of the receipts
- Copies of the invoices
- Copies of Printed Promotional Materials

SUBMIT TO:
Mary Raum
825 W Spring Street,
Palestine, Texas 75801
903-723.3014