



**2017-2018
Marketing Match Grant Program**

FINAL REPORT FORM

1. FINAL REPORT CHECKLIST/TABLE OF CONTENTS (attached)
2. *A written summary of the results of your project and the impact it had on tourism*
3. *A summary of any revenues generated by your project (sponsorships, grants, gate receipts, concessions, etc.)*
4. Attendance reports/numbers for festivals/events and monthly reports for attractions
5. A comparison of your original budget to actual, final receipts and expenditures
6. *A list of all expenditures THAT ARE APPLICABLE TO YOUR PROJECT*
7. One copy of all eligible invoices and cancelled checks (front and back) or bank statement with photo of front of check.
8.
 - a. Tear sheets for all newspaper and magazine advertisements. (Photocopies will not be accepted). If the tear sheet does not include the name/issue of the publication, please also attach the cover.
 - b. Digital files for broadcast (radio & TV) ads. Include the post-buy schedule confirmation from the broadcast outlet.
 - c. JPG/PNG/PDF of the digital ads with the landing page of for the campaign. Include a post-buy report from the media outlet.
 - d. PDF/JPG of the out-of-home ad/banner. Include a photograph of the billboard/banner.
 - e. Website screenshot and URL
 - f. Actual sample of brochure, rack card, newsletter, etc.
 - g. Shipping documentation that includes locations
 - h. **ALL INFO MUST HAVE VISIT JACKSON LOGO OR PHRASE (UNLESS OTHERWISE NOTED)**

PROJECT INFORMATION

PROJECT NAME: _____

ORGANIZATION NAME: _____

PROJECT DIRECTOR: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (O) _____ **(C)** _____

EMAIL _____

ACKNOWLEDGEMENT

I certify that this project met all eligibility requirements as outlined in the Jackson Convention and Visitors Bureau Grant Development Program Guidelines, and that all information contained within this Final Report and all attachments are true and correct to the best of my knowledge.

DATE: _____

SIGNATURE: _____

PLEASE PRINT NAME: _____



2017-2018
Marketing Match Grant Program

FINAL REPORT CHECKLIST/TABLE OF CONTENT

Date: _____ Phone: _____

Submitted by (name): _____

(Title): _____

Organization: _____

FINAL REPORT CHECKLIST/TABLE OF CONTENTS PAGE NUMBER

- Final Report form
Summary of the results of the project
Summary of revenue generated by the project
Attendance reports/numbers and method of tracking
Comparison of original grant budget to final expenditures and receipts
List of all expenditures as applicable to your project only
Samples of all printed info with invoice and method of payment attached.

Photocopies of printed material WILL NOT be accepted.

Visit Jackson logo or tagline must be on ALL ads as stated in guidelines

- Distribution list for brochures and/or other collateral materials, if applicable
Proof of liability insurance prior to event with JCVB named on rider