



Special Events/Tourism Grant Final Report

Reports to GAEDA are in association with your approved grant or Cooperative Endeavor Agreement. Please refer to the signed Cooperative Endeavor Agreement between your organization and GAEDA for due dates and the guidelines below for specific details regarding submission of reports.



Reporting Guidelines

Reports to GAEDA are in association with your approved grant or Cooperative Endeavor Agreement. Please refer to the signed Cooperative Endeavor Agreement between your organization and GAEDA for due dates and the guidelines below for specific details regarding submission of reports.

1. The **Hotel Nights(s) Confirmation Form** provides required information about the total number of hotel/motel rooms occupied in Alexandria by Event participants and their guests.
2. The **Vendor Verification Form** provides required information about vendor payments. Invoices are also required.
3. **Revenues and Expenditures** – an accounting of income vs expenses for the funded Event.
4. The **Final Report** is an after-action report. It provides required information about revenues, expenditures, the purpose of the event, and lessons learned.
5. **Submitting reports:**
 - a. **Mailed** – to the GAEDA office, 201 Johnston St., Suite 601, Alexandria, LA 71301
 - b. **Emailed** – to Angela Varnado, avarnado@gaeda.org
 - c. **Faxed** – to Angela Varnado, 318.625.7599
 - d. **Hand delivered** – to the GAEDA office, 201 Johnston St., Suite 601, Alexandria, LA 71301
6. **Due dates:** all final reports must be submitted **within thirty (30) days of the funded Event**. Failure to do so may result in denial of future funding. If you have questions or concerns, contact Angela Varnado, Executive Administrator, avarnado@gaeda.org, or 318.880.0407.



Hotel Night(s) Confirmation Form

It is the responsibility of the grantee to complete this form and return it, along with the Vendor Verification Form, and the Final Report, within thirty (30) days of the funded Event. Failure to do so may result in denial of future funding. If you have questions or concerns, contact Angela Varnado, Executive Administrator, avarnado@gaeda.org, or 318.880.0407.

Name of Grantee: _____

Name of Project Manager: _____

Email address: _____

Phone number: _____

Name of Hotel(s)	Room block? Y/N	Number of Room Nights	Number of Rooms	Number of People

Arrival Date(s) _____

Departure Date _____

Hotel Representative/Title (printed)	Signature	Date
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Project Manager (printed)	Signature	Date
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Organization Director (printed)	Signature	Date
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Vendor Verification Form

It is the **responsibility of the grantee to complete this form and return it, along with the Data Reporting Form, and the Final Report, within thirty (30) days of the funded Event.** Failure to do so may result in denial of future funding. If you have questions or concerns, contact Angela Varnado, Executive Administrator, avarnado@gaeda.org, or 318.880.0407.
 Please note: paid invoices must accompany this form.

Name of Grantee: _____

Name of Project Manager: _____

Email address: _____

Phone number: _____

Name of Vendor	Invoice Paid? Y/N	Amount paid?	Invoice attached? Y/N

Project Manager (printed)

Signature

Date

Organization Director (printed)

Signature

Date



Revenues v. Expenditures

Must be submitted with the Final Report

Revenues *Edit line items as needed*

Ticket Sales	
Entry Fees	
T-shirt Sales	
Other	
Other	
Total Project Revenues	0

Expenditures *Edit line items as needed*

Advertisement/Publicity/Promotions

Posters	
Flyers	
Push Cards	
Radio	
TV	
Newspapers	
Billboards	
Direct Mail	
Websites	
T-Shirts	
Subtotal	0

Event/Program Costs

Transportation - event related non-personal	
Entertainment - event related non-personal	
Food Services - event related non-personal	
Facility Rental	
Decorations	
Props	
Sound and Lights	
PowerPoint Audio/Visual	
Security	
Miscellaneous	
Subtotal	0

Operational Support

Telephone	
Postage/Shipping	
Printing/Duplication of copies	
Supplies	
Subtotal	0
TOTAL PROJECT EXPENSES	
	0

Person completing this budget: _____

Date: _____

Formulas are not guaranteed. Please check carefully prior to submission.



Final Report

It is the **responsibility of the grantee to complete this form and return it, along with the Data Reporting Form, and the Vendor Verification Form, within thirty (30) days of the funded Event.** Failure to do so may result in denial of future funding. If you have questions or concerns, contact Angela Varnado, Executive Administrator, avarnado@gaeda.org, or 318.880.0407.

Name of Grantee: _____

Name of Project Manager: _____

Email address: _____

Phone number: _____

Please answer each question in a narrative format.

1. Intentions for this project/Event:
 - a. What was the purpose and scope?
 - b. Were your objectives/outcomes met? Why or why not?
 - c. How did the community respond to your Event?
2. Partnerships and sponsors:
 - a. Describe the collaboration with your partners and sponsors.
 - b. Did your partnerships work as envisioned?
3. Successes and challenges:
 - a. What worked well and why?
 - b. What didn't work well and why?
4. Lessons learned:
 - a. What can be improved for next time?
 - b. Provide recommendations for improvement.
5. Other information:
 - a. Explain how you acknowledged GAEDA's support for this Event.
 - b. List any media coverage your Event received.



Final Report Signature Page

Project Manager (printed)

Signature

Date

Organization Director (printed)

Signature

Date

If you have any questions regarding the content of this report or its submission, please contact Angela Varnado, Executive Administrator, avarnado@gaeda.org, or 318.880.0407.