

**FALLON CONVENTION & TOURISM AUTHORITY
EVALUATION FORM**

1. Grantee: _____
2. Project Title: _____
3. Project Period: _____
4. Grantee Organization: _____
Mailing Address: _____
City: _____
State: _____
Zip: _____
Web Address: _____
5. Tax I.D. #: _____
6. Total Cost of Project: _____
7. Amount of Tourism Grant: _____
8. Amount of Tourism Grant Expended: _____
9. Were matching funds required? Yes No How much? _____
10. How many visitors came to Fallon? _____
11. How many of those visitors were from out-of-state? _____
12. How many were from in-state? _____
13. If applicable, was there an increase or decrease in attendance over last year? _____
Why? _____
14. What was the total financial impact on Fallon: (Number of visitors) x (amount spent per visitor)?

15. Was this project news worthy? Yes No

List the news organizations that covered the event (any medium):

16. List all advertising media used:

17. Which medium produced the best or most measured results? _____

18. Did you have a web site or web presence? List site: _____

19. Did you get corporate sponsors for funding or other participation? Yes No

From whom? _____

20. Overall, did project results meet project goals?

21. Will this project take place again next year? Yes No

22. How did the Community respond to this project?

23. Will you seek a grant again next year? Yes No

24. Do you have any suggestions for future grant projects or the administration of this grant?

I hereby attest that the foregoing information is correct to the best of my knowledge:

24. Project Director: _____

Date: _____

Name & Title: _____

Phone: _____

E-Mail: _____