



GRANT COMPLETION FORM

Morrill County Visitors Committee
P.O. Box 142
Bridgeport, NE 69336

To Be Submitted within 45 days of your event or project completion

PERSONAL INFORMATION

Name of Town _____ Date _____
Name of Organization _____
Address _____ City _____ State _____ Zip _____
Name of Event/Project _____
Date of Event _____ Cost of Project _____
Amount of Funds Received _____
Webpage/Facebook (if applicable) _____
Contact Person _____ Phone No. _____
Email _____

QUESTIONNAIRE

Where did event/project take place?

Address _____ City _____ State _____ Zip _____

Recap of project or event:

Date of event/completion date of project. _____

Number of attendees? _____

Was objective of your event or project met? (explain answer)

Will you have the event again?

What changes would you make, if any?

What changes to advertising, if any?

SUPPORTING DOCUMENTATION

Copies of invoices paid to suppliers, contractors etc. for your project or event, up to or exceeding the amount of the grant, **MUST** be submitted with the Grant Completion form. All invoice copies must show a check number, or other means of payment and date paid.

Submitted by _____

Signature _____ Date _____