



# 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:

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Date of event/completion date of project.

Number of attendees?

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

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Will you have the event again?

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What changes would you make, if any?

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What changes to advertising, if any?

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#### **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 \_\_\_\_\_