

Scotland County Tourism Development Authority
Program Accountability Report

Project Name:

Contact Person:

Project Description:

Amount Awarded: \$ _____ Amount Spent: \$ _____

Date of the Program Completion: _____

Evaluation of Overall Program:

Evaluation of Overall Project:

The impact this program had on the hotel/motel industry in Laurinburg/Scotland County. Specifically:
The number of room nights projected in the Grant Request: _____

*The number of room nights actually generated by the program/event: _____

Please provide an overview of the hotel/motel impact:

Evaluation of the impact to the overall economy of Laurinburg & Scotland County:

Any additional information supportive of the Project's success in achieving intended results:

*Attach hotel documentation to this form.

Changes in the event that you would make in the future:

Suggested changes in the event that would further support the TDA objective of building the hotel/motel business:

Suggestions on how would you improve the effectiveness of your marketing efforts:

Financial Summary:

Expenses - Please attach receipts with a detailed breakdown of each item. Attach additional pages as needed.

A. Collateral/Mailings (please provide cost breakout for each item)

Item: Production: _____ Printing: _____ Postage: _____ Other: _____	Item: Production: _____ Printing: _____ Postage: _____ Other: _____
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B. Advertising (please provide breakout for each item)

Item: Production: _____ Media Costs: _____ Other: _____	Item: Production: _____ Media Costs: _____ Other: _____
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C. Other (please provide breakout for each item)

Total Expenses: \$ _____

Amount of Original Grant: _____

Amount (if any) to be refunded to TDA: _____

