



Community Activation Grant Event Recap Report

Report due within thirty (30) days after conclusion of event.

Submit form to the Historic Downtown Mansfield Program, City of Mansfield, 1200 E. Broad St. Mansfield, Tx 76063. Telephone: 817-276-4200. Email: HistoricDowntown@MansfieldTexas.Gov.

SECTION A:

Name of Organization: _____

Are you a 501(c)3 organization? Yes No

Contact Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Organization Website: _____

Name of Event: _____

Date of Event: _____

1) Please give a brief description of the event:

2) Registration/Entrance Fee Per Visitor: _____

SECTION B: You may attach additional sheets with the following information about the event.

1) In the space below describe the method used to estimate attendance. If a private group was utilized to collect data through surveys or other methods, please include their information.

2) List and describe the advertising and the location utilized in the promotion of the event.

Ad Description	Publication or Media Outlet/Location of Ad
1)	
2)	
3)	
4)	



3) List and describe any press or media coverage about the event.

Press or Media Outlet	Description of Coverage (example: sound bite, evening news, news article, etc.)
1)	
2)	
3)	
4)	

Have you attached copies of the media listed in Section B? Yes No

SECTION C: In the table below, evaluate the attendance, marketing and sponsorship of the event.

Evaluation of	Projected	Actual
1) Attendance		
2) Marketing Dollars Spent		
3) Sponsorships/ Cash and In-Kind		

** If any area didn't meet the projections, please provide strategies that your organization plans to implement to improve for next year.

SECTION D: Request for reimbursement and all funds dispersed must be a direct result of the event and must be clearly defined in the agreement between the agency and the City. The City reserves the right to deny reimbursement of requested expenditures if the City determines that the expenditure is inconsistent with the purpose of the Community Activation Grant and its prescribed policies. Please list the expenses of the reimbursement request.

Please attach receipts/invoices for the expenses incurred that reimbursement is being requested for.

Have you attached the receipts/invoices: Yes No



Payee	Payee Invoice Date	Expense Description	Invoice Amount	Check Date	Check Clear Date

Total Amount Requested: _____

Please include a detailed report of revenues and expenses related to the event. Have you attached the requested financial statement?

- Yes No

I, the undersigned, do hereby certify that the information provided in this Community Activation Grant Event Recap Report is true and accurate to the best of my knowledge.

Signature

Date Signed