

**Report for Funded Project**  
**Carrboro Tourism Development Authority**  
**[address]**

**NOTE: This Project Report is due within 30 days of the completion of the Funded Project. If the Report is not filed within this time period, the CTDA reserves the right to bar the Organization from seeking Project Funding during the next fiscal year.**

Name of Organization:
Address:
Contact person:
Phone:
E-mail:
Project Title:
Project Date(s):
Total Budget of the Project:
CTDA Funding Request:
Actual Income of the Project:

I certify that the Project is complete and that to the best of my knowledge and belief all information presented herein is accurate and true.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **Project Success**

Describe how the Project enhanced tourism in the Town of Carrboro and the tools you used to measure this success.

## **Project Lessons**

Please list both the aspects of the Project that were a success as well as the aspects that need improvement. What worked well, and what would you change / improve if you did the Project again?

## Financial Results

Insert or delete lines / columns in the table as needed and round to the nearest dollar.

	Current Year Budget	Current Year Actual	Prior Year Actuals (if applicable)
<b>Sources of Cash (Revenue):</b>			
Your organization			
CTDA			
Sponsorships			
Booth fees			
Entry or other fees			
Sales			
Other (pls. specify)			
<b>Total Sources of Cash</b>			
<b>Uses of Cash (Expenses):</b>			
Salaries, wages, taxes & benefits			
Contracted services			
Cost of merchandise sold			
Rental of facilities			
Rental of equipment			
Expendable supplies			
Printing			
Print media			
Radio media			
Other advertising (pls specify)			
Other expenses (pls. specify)			
<b>Total Uses of Cash (Expenses):</b>			
<b>Net Cash Flow</b>			