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911 Gothic Rd / POB 5800
Crested Butte, CO 81225

Admissions Tax Grant Report & Analysis Form

Full Name: _____ Date: _____
Last *First* *M.I.*

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Event Location: _____ Event Date: _____

How many people attended the event? _____ How many nights were booked? _____

SUMMARY OF EVENT/PROGRAM

WAS YOUR EVENT/PROGRAM SUCCESSFUL? WHAT WOULD YOU DO IN THE FUTURE TO INCREASE SUCCESS?

BUDGET/FINANCIAL INFORMATION

Proposed budget for event/program: \$ _____

Actual budget: \$ _____

Gross revenue generated by the event/program: \$ _____

Note: The applicant should be prepared to discuss any deviation between their proposed budget and the actual budget. Upon request, you may be asked to provide Invoices and receipts for Admissions Tax funds spent. Council reserves the right to audit the applicant's finances regarding the granted Admissions Tax funds.

How were your funds spent (please be as detailed as possible)?

Did you use marketing funds for this event/program?

YES

NO

If yes, what type of marketing did you utilize? _____

If yes, what geographic and demographic areas did you target? _____

If yes, how did you track and evaluate your marketing efforts for effectiveness? What was the result?
(Please provide analytical data if digital advertising was used—impressions, clicks, conversion, data on time spent on each page of the event website, etc.)

OTHER CONSIDERATIONS

Is there additional data you'd like to provide in terms of reporting and how your marketing efforts contributed to the success of your event/program?

Signature: _____ **Date:** _____