



**EVENT MARKETING GRANT
POST EVENT EVALUATION FORM**

To receive grant funds, please complete this form after your event has concluded. Submit completed form within 60 days after your event, along with paid invoices and copies of promotion/marketing materials to: **New River Gateway CVB, PO Box 656, Hinton, WV 25951**

EVENT INFORMATION

Name of event: _____
Date(s) of event: _____ Contact person: _____
Number of volunteers: _____ Number of paid staff: _____
Number of local attendees: _____ Number of out of town attendees: _____

QUESTIONNAIRE:

Did the event meet your organization's objectives? YES NO

Overall, was your event successful? YES NO

Do you recognize any changes that need to be made for your next event? YES NO

Comments: _____

Were you satisfied with your marketing efforts? YES NO

Please list any media exposure that your event received (i.e., newspaper, television, radio, etc.):

Additional Comments: _____

