



# FOOD & BEVERAGE TAX FUND GRANT PROJECT REPORT

This form is to be used as a Final Report on the spending of the City of Westminster Food & Beverage Tax Grant funding. **Please note this report is due within 90 days of the completion of the event.** A Final Report is required when the project has been completed. Reports submitted must be original no faxed copies will be accepted.

ORGANIZATION: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_ EVENT DATES: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TOTAL ATTENDANCE: \_\_\_\_\_ DISBURSEMENT DATE: \_\_\_\_\_

TOTAL AMOUNT AUTHORIZED: \_\_\_\_\_ TOTAL AMOUNT BUDGETED: \_\_\_\_\_

TOTAL AMOUNT EXPENDED: \_\_\_\_\_ TOTAL AMOUNT RETURNED (If any): \_\_\_\_\_

**SUBMITTAL CHECKLIST** (Please check the appropriate boxes and attach copies of the same):

- List all funding sources in addition to Westminster Food & Beverage Tax Fund Grant and amount received;
- Copies of paid invoices;
- Detailed expense reports and balance sheets;
- Guest logs, phone logs, accommodations contracts, website hits, advertising, demographics;
- Promotional materials, flyers;
- Pictures, news clippings, letters of endorsement; and/or
- Other materials that will be helpful in evaluating your project for future consideration.

*Note: All materials submitted become the property of the City of Westminster.*

**To the best of my knowledge and belief, the statements contained in this report are true, correct, and represent the complete accounting of this event/project. I have the authority to sign and submit this application on behalf of this organization.**

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Report forms are to be submitted to:

**City Clerk  
City of Westminster  
P.O. Box 399, Westminster, SC 29693  
Phone: 864-647-3202 Fax: 864-647-3229**