

EXHIBIT B
BROWARD CULTURAL COUNCIL
CULTURAL TOURISM PROGRAM PROJECT EVALUATION REPORT

This grant project evaluation report must be filed with the Cultural Division, no later than 30 day after completion of the project period.

Organization:	
Mailing address:	
Project Director: Title:	Telephone: _____ Ext. _____ Fax: _____
Project Title:	BCC # CTP _____.
Project began:	Total Cost of Project: \$ _____
Project ended:	Grant Award: \$ _____
FESTIVAL PROJECTS - ONLY GRANTEE OFFICIALLY DESIGNATED AS A FESTIVAL SHOULD COMPLETE THIS SECTION.	
Circle the festival year as designed by the BCC: 1 2 3 4 5	Net revenue derived from the festival: \$ _____

1. PROGRAM INFORMATION

A. For all of your grant activities, list dates, locations, titles, and participating artists.

<u>Event</u>	<u>Date(s)</u>	<u>Location</u>	<u>Artists</u>
--------------	----------------	-----------------	----------------

B. Provide information on the personnel involved in the project.

Number	Artists	Administrative Staff	Other Staff	Board	TOTALS
Full-time					
Part-time					
Volunteers					
TOTALS					

2. AUDIENCE TOURISM IMPACT INFORMATION

A. How many individuals attended your CTP project activities? _____ What percentage of these attendees were tourists? _____% How did you determine each of these statistics?

B. Provide numbers for all applicable categories:

Category	Participants/ Performers	Number of Hotel/Motel Room Nights	Audience	Number of Hotel/Motel room nights
Broward County Residents				
Dade County Residents				
Palm Beach County Residents				
Other Florida (non-Broward)				
Out-of -state				
Foreign				
TOTAL				

- C. Describe your marketing activities specifically designed to attract tourists. Please be inclusive. Indicate whether your organization, the Cultural Tourism Director=s office, or another agency was responsible for each activity. (Continued on next page)

Marketing Activity

Responsible Party

- D. What were the most effective elements of your marketing plan? Did you find that particular media placements generated better response? Identify.
- E. As a result of your experience with this CTP project, do you plan to employ some different marketing/publicity tactics with future tourism projects? Explain.

3. FINANCIAL INFORMATION

A. Was admission charged to your CTP project events? yes no.

If Yes, range of admission (ticket) charges: \$ _____ to \$ _____.

B. Total organization budget for year in which the CTP project took place:

Revenues: \$ _____ Expenditures: \$ _____.

4. REQUIRED ATTACHMENTS:

_____ Detailed explanation of how you worked with key partners on your CTP project:
A) With Cultural Tourism Director. B) With hoteliers, travel agents, or other travel industry representatives. C) With other cultural organizations.

_____ Enclose EITHER two (2) quality black and white, OR two (2) color first generation (an original, not a copy) photographs. Electronic/digitized images that clearly document the organization's grant activity are preferred.

_____ Copies of all promotional materials utilized for the grant project including Broward County logo and funding statement and CVB logo.

_____ Copies of media buys, including print ads and recordings of electronic media ads.

_____ Copy of sample tourism survey form, and a copy of the survey with tabulations of the survey results.

CERTIFICATION: The undersigned certify that the information provided in this Project Evaluation Report is true and correct, and Broward County funds were expended solely for the purpose of the approved grant activity.

Signature - Chief Executive Officer	Signature - Project Director
Typed name of CEO:	Typed name of Project Director:
Date:	Date: