

**Grantee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be used to notify Visit Henry County, GA (CVB) of your organization’s grant fund usage and activity. Please complete each area and be as detailed as possible. Additional sheets can be attached if necessary. Grant Usage Reports are due to the CVB within 30 days of the end of the grant cycle for which grants were approved. The CVB reviews and records the Grant Usage Reports for grant expenditures and activity verification, reporting filings and as a critical factor in determining qualification for future applications. If a Grant Usage Report is not received by the CVB by the dates outlined below, it will not be able to make any further grants to the non-compliant grantee and the funds must be returned.

**Grant Award Amount**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount Spent**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quarter for which submitting the Grant Usage Report:**

[ ]  **1st Grant Cycle – Due January 15** [ ]  **2nd Grant Cycle – Due July 15**
For Grant Usage during January 15 - June15 For Grant Usage during July 15 – December 15

**Program and Results**

1. **Describe the progress made towards the goals and objectives of the grant as described in the Tourism Marketing Grant Application’s “Attachment A - Marketing Plan Grid.”**Click here to enter text.

1. **Please list the marketing/advertising activities contracted to marketing the asset, program or event. Please provide copies, photos, screen captures, etc. of each activity listed and proof of return on investment (ROI) when possible. If additional space is needed, the grid below can be duplicated and attached to the Grant Usage Report.**

|  |  |  |
| --- | --- | --- |
| **Advertising/Marketing Activity**  | **Cost** | **Results / ROI** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text.Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

 TOTAL $Click here to enter text.

I certify that I am an authorized officer/employee of the above referenced organization. I also certify that the information provided in this Grant Usage Report is accurate and complete. I understand that the organization above may only use the grant funds for advertising and marketing activities as described during the application process. I understand that if the CVB deems that any funding has not been used as indicated in the application, these funds will be promptly returned to the CVB.

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_