

TRANSIENT ROOM TAX GRANT RECIPIENT REPORT  
(to be filed within 30 days of completion of event or project)  
Updated January 2009

Sponsoring  
Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Authorized Presenter of Organization \_\_\_\_\_

Name of Project \_\_\_\_\_

Date \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Briefly describe the nature of project or event \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this activity bring additional visitors to Grant County from outside the area? How many? \_\_\_\_\_

If applicable, please indicate age group \_\_\_\_\_

How many visitors stayed in Grant County lodging? \_\_\_\_\_

Did they dine out? \_\_\_\_\_

Estimate the amount each out of town participant spent per day in Grant County  
\$ \_\_\_\_\_

Did Grant County Residents participate in the project or event? How many \_\_\_\_\_

Was this project or event successful? \_\_\_\_\_

Will this project or event continue in the future? \_\_\_\_\_

Summarize the project or event and any outcome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other pertinent information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional information pertaining to the project or event such as copies of fliers, advertisements or brochures.

Please provide receipts and an accounting of how the transient room tax grant you received was used.

RETURN TO

GRANT COUNTY CHAMBER OF COMMERCE  
301 WEST MAIN ST  
JOHN DAY OR 97845

date \_\_\_\_\_

\_\_\_\_\_  
Authorized signature