



**DISCOVER ODESSA
SPECIAL EVENT GRANT/LOAN PROGRAM
POST EVENT REPORT**

Name of Event: _____

Date(s) of Event: _____ Awarded Grant Amount: \$_____

Total Attendees: _____ # Out-Of-Town Visitors: _____

Total # Room Nights (room nights = # rooms x nights)

Hotel	Total Room Nights	Room Rate

Provide summary of media exposure received with receipts or copies of checks (local, regional and national/print/ television and radio) as well as examples of promotional materials (brochures, posters, programs, etc.). **Please add additional sheet if needed.**

I certify that the above information is true and accurate to the best of my knowledge.

(Name) (Organization) (Date)

Failure to submit a Post Event Report with receipts within
30-days will result in loss of grant.