

Project Report

Tourism Development Authority P.O. Box 1479 • Franklin, North Carolina 28744 • (828) 524-2516

Name of Organization:		
Street or PO Box:	City, ST Zip:	
Representative:	Phone:	
E-Mail:	Web Site:	

Project Title:	Project Date(s):	
Budgeted Cash Flow:	Actual Cash Flow:	

I certify that the project is complete and that to the best of my knowledge and Belief all information presented herein is factual.

Signature:	Title:	Date:

Project Success

Describe how the project enhanced tourism in the Franklin area and the tools used to measure this success.

Project Lessons Learned

Prepare two lists. Plus list: covers those things about the project that went well and you would not change given the opportunity to do the project again. Delta List: covers opportunities for improvement – those things that would enhance the success/effectiveness of the project if you were given the opportunity to repeat it

Plus list	Delta list

Financial Results

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Other advertising – specify	Print media			
Other expenses - specify	Radio media			
	Other advertising – specify			
Total Uses of Cash	Other expenses - specify			
	Total Uses of Cash			
Net Cash Flow				

Insert or delete lines / columns in the table as needed and round to the nearest dollar.