



Effingham County Board
101 N. 4th Street, Suite 301, Effingham, IL
217.342.4990

Appendix B – Hotel/Motel Tax Post-Event / Post-Project Report Form

Section 1: Event/Project Information

Event / Project Name:

Sponsoring Organization:

Contact Person:

Mailing Address:

Phone Number:

Email Address:

Event / Project Location:

Event / Project Dates:

Total Hotel/Motel Tax Funds Awarded: \$_____

Date Funds Were Received:

Section 2: Use of Hotel/Motel Funds

Provide a detailed explanation of how the awarded funds were used. Attach additional pages if necessary.

Marketing / Advertising \$_____

Equipment / Supplies \$_____

Entertainment / Programming \$_____

Facility Rental / Operations \$_____

Staffing/Personnel \$_____

Other (Specify): _____ \$_____

TOTAL EXPENSES: \$_____

Section 3: Event Impact on Tourism

Estimated Number of Out-of-Town Visitors:

Estimated Number of Overnight Stays in Effingham County:

Total Gross Funds Raised by Event: \$ _____

Admission / Ticket Sales Revenue: \$ _____

Sponsorships / Vendor Fees / Other Income: \$ _____

Estimated Economic Impact on Local Businesses (restaurants, shops, etc.): \$ _____

Section 4: Event Summary and Evaluation

Provide a brief narrative summarizing the event or project, including successes, challenges, and overall community/tourism impact. Attach additional sheets if necessary.

Summary Narrative:

Section 5: Certification

I hereby certify that the information provided in this report is true and accurate to the best of my knowledge, and that all funds received from Effingham County Hotel/Motel Tax were used solely for the purposes intended under local and state law.

Name (Print):

Title:

Signature: _____

Date:

*Please submit this report within 60 days of the conclusion of the event to the Effingham County Board Administrator, Angie Thompson: 101 N. Fourth Street, Suite 301, Effingham, IL 62401.