



Tourism Development and Marketing Grant Evaluation

Name of Organization: _____

Contact: _____

Event/Project Description: _____

Event Date(s) if applicable: _____

Estimated Attendance Overall: _____

Estimated Out-of-County Attendance: _____

How did you arrive at these figures? _____

Facility(ies) Used: _____

Were you satisfied with facility and service? Yes No

Comments: _____

Hotel/Motel(s) Used: _____

Number of lodging nights created by your event: _____

(number of rooms x number of nights)

Were you satisfied with facility and service? Yes No

Comments: _____

What services did the Cedar Falls Tourism and Visitors Bureau provide for this event? _____

Were you satisfied with these services? Yes No

Comments: _____

Do you plan to hold your event in Cedar Falls again? Yes No

When? _____

What additional services might you find helpful in planning this event again? _____

Are there any additional comments you wish to make? _____