

**COLUMBUS / LOWNDES CONVENTION & VISITORS BUREAU (CVB)
Quality of Life Event Advertising / Promotion Grant Program**

Phone: 662.329.1191
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117 Third Street South
P.O. Box 789
Columbus, MS 39703

**PROJECT CLEARANCE REPORT
For Quality of Life Event**

Project / Event Name: _____

Dates of Project / Event: _____

Non-Profit Name: _____

Non-Profit Number: _____

Contact Name: _____ Telephone: _____

Grant Funds Awarded: \$ _____

Grant Funds Used: \$ _____

1. Please provide a brief narrative / description of the project / event:

2. a) What was the total estimated attendance? _____

b) How many attendees were from out-of-town? _____

3. What benefits were received by the City of Columbus and Lowndes County?

4. How were grant funds from the Columbus / Lowndes Convention & Visitors Bureau used?

a) What percentage of the grant funds were used for advertising? _____

b) What was the total amount spent on advertising? _____

c) What was the total value of in-kind advertising received? _____

d) What percentage of the grant funds were used for entertainment? _____

e) What was the total amount spent on entertainment? _____

5. Did you meet with the CVB Director, prior to your event, to discuss your advertising plan?

a) Were you provided a copy of the CVB logo? _____

b) Did you use the CVB logo on ALL promotional / advertising materials? _____

6. Did the event or festival improve the image of Columbus / Lowndes County and/or the State of Mississippi? Please explain.

7. Do you intend to apply for a Local Grant from the Columbus / Lowndes Convention & Visitors Bureau for this event next year? _____

8. Did you use the required CVB forms when submitting your Application and Project Clearance Report? _____

9. Additional Comments / Suggestions:

- **A line item budget, showing budget vs. actual, in detail, must be attached. (This form will be available online or in the CVB office.)**
- **The source and amount received from all funding sources must be listed.**
- **The total amount of your grant award should be shown even though you have not received the balance.**
- **Be sure to include any funds from a previous event as start-up funds.**
- **In addition, copies of all receipts, invoices and cancelled checks must be attached, as well as copies of all promotional / advertising materials used with the CVB logo.**
- **Cash payments and receipts are NOT reimbursable.**

The financial information provided in this document and the attached line item budget is certified to be true and correct.

Signature: _____ Date: _____

Please deliver the project clearance report and all attachments to:

**Columbus / Lowndes Convention & Visitors Bureau
117 Third Street South
Columbus, MS 39703**

LINE ITEM BUDGET vs. ACTUAL

Name of Event: _____ Date of Event: _____

Summary	Actual	Budgeted	Over / Under	Notes
Total Income				
Total Expenses				
Income Less Expenses				

Income	Actual	Budgeted	Over / Under	Notes
Total Income				

LINE ITEM BUDGET vs. ACTUAL

Name of Event: _____ Date of Event: _____

Expenses	Actual	Budgeted	Over / Under	Notes
Total Expenses				

In-Kind Services	Actual	Budgeted	Over / Under	Notes
Total Income				