

2024 Team Indiana Grant Post Event Report



1. Event Information

Event Name: _____
Event Dates: _____ TO _____
Host City/Cities: _____
Rights Holder/Sanctioning Governing Body: _____

2. Make Check Payable to:

Organization Name: _____
Non-profit designation: _____ Tax ID #: _____
Mailing Address: _____
City, State, Zip: _____

3. Grant Recipient Signature

**I hereby certify that the information provided in this report is accurate.*

Name: _____
Title: _____
Email Address: _____
Signature: _____
Date: _____

4. Grant Sponsor Signature

**I hereby certify that our community is in support of this event and feel comfortable with the information that has been provided in the Post Event Report.*

Name: _____
Title: _____
Email Address: _____
Signature: _____
Date: _____

Office Use Only	Received: _____	Decision: _____
	Notes: _____	Amount: _____
		Submitted: _____

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5. Event Budget

Organization responsible for the budget as presented: _____

REVENUE

Item	Projected	Actual	Explanations
Admissions			
Contributions			
Grants			
Sponsorships			
Rebates			
Other (explain)			
Other (explain)			
Total Income:			

EXPENSES

Item	Projected	Actual	Explanations
Travel			
Housing			
Food			
Rights Fees			
Officials			
Awards			
Equipment			
Rentals			
Insurance			
Security			
Labor			
Marketing/Promo			
Admin Costs			
Other (explain)			
Other (explain)			
Other (explain)			
Total Expenses:			
Net Profit/Loss:			

Additional budget explanations if needed:

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6. Proof of Payment

Attach proof of payment totaling at least the amount of the grant. Please fill out the chart to track and explain the receipts/invoices/copies of checks, etc. that have been included as proof of payment.

Project/Project Description	Vendors	Payment Method	Payment Total

***PROOF OF PAYMENT TOTAL:** _____

*should equal at least the grant amount

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7. Economic Impact

**I have input the data into the Destinations International Event Impact Calculator and attached a copy of the results.*

YES _____ NO _____

Event Essentials

Organization: _____

Event Name: _____

Event Dates: _____ TO _____

Age Group: Youth Amateur: _____ Adult Amateur: _____ College: _____

Professional: _____ Championship: _____

Sports Visitor Calculation Method: Direct Entry: _____ Admission Based: _____

Participant Based: _____

**If the data has not been entered into the Event Impact Calculator, please complete the remainder of the worksheet.*

Room/Attendance Block

The grid should be completed with daily counts for room nights, participants, and spectators. Housing dates may differ from the actual event dates due to travel, and set up, tear down. An extended grid is available upon request for events exceeding 7 days.

Housing Dates							
Room Nights/day <small>rooms in the block/contracted</small>							
Participants/day <small>coaches/ athletes/officials, etc.</small>							
Spectators/day							
Daily Attendance <small>participants + spectators</small>							

Total Event Days: _____

Total Room Night Pick Up: _____

Attendee Days (participants + spectators): _____

Local Attendees (%): _____
(local is within 50 miles)

Facility Spending (if information is available)

Expense Type	Standard Rate	Notes
Space Rental		
Food & Beverage		
Audio/Visual		
Internet		
Security		
Other		
TOTAL:		

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8. Extended chart if event exceeds 7 day

Housing Dates

Room Nights/day

rooms in the block/contracted

Participants/day

coaches/ athletes/officials, etc.

Spectators/day

Daily Attendance

participants + spectators

continued if needed....

Housing Dates

Room Nights/day

rooms in the block/contracted

Participants/day

coaches/ athletes/officials, etc.

Spectators/day

Daily Attendance

participants + spectators

continued if needed....

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(local is within 50 miles)