Hillsborough Tourism Board
FY2024 Contract Quarterly Report & Evaluation

Organization Information		
Organization Name:		
Contract Contact Person and Title:		
Contact Person Email:	Contact Person Phone:	
Organization Street Address:		
City:	State:	ZIP Code:
Organization's Annual Operating Budget: $		
Contract General Information		
Contract Quarter for Report: ex. 3rd Quarter (Jan-March)	Amount of Contract Funding: $	
Outline/Overview of this quarter's tourism events/programs/activities:		
Please explain how the organization successfully promoted tourism in Hillsborough:		

Contract Partner Tourism Impact	
Please estimate the number of residents the contract partner served for this quarter:	Please estimate the number of tourists the contract partner brought to Hillsborough this quarter:
Please describe how the actual number of residents and tourists served was measured (ie. registration/pre-registration, ticket sales either prior to the event or at the event gates, via turn style data, counters from volunteers, wristband tracking, counts at the site):	
Please describe how the contract partner joined with local hotel/motels to increase occupancy rates this quarter (if applicable):	
Please describe how the organization partnered and informed local businesses of the partner's events/program/exhibits/etc. (if applicable):	
Please calculate the overall economic impact of any events/programs held this quarter (if applicable):	

How many volunteers did the contract partner utilize this quarter:	How many volunteer hours were logged at the contract partner for this quarter:
Quarterly Reflections	
Please explain some 'successes' this quarter and/or things that went well and some preliminary ideas on how the organization can expand on those: Please explain any ways that the organization ran into unexpected roadblocks or difficulties and/or some preliminary ideas on how the organization can overcome those in the future (if applicable):	

Marketing and Sustainability
Please explain how the organization marketed and promoted themselves as a tourism destination and/or promoted their events/programming/projects for this quarter (please include copies or photos of any flyers, advertisements run, banners/signs printed and hung, and any press coverage the project may have received): Please provide any information on any fundraising the organization did this quarter and how that supports the long-term, sustainable, financial goals of the organization:

Budget Adjustments (if applicable, do not include if there are no changes)				
a. Item	b. Amount Needed via Contract Funding in FY21 (for each item)	c. Amount Contributed by Organization (for each item)	d. Other Funding Sources	e. Total Contract Budget (add columns b-d)
Ex: Revolutionary War Re-enactors	Ex: $1,000	Ex: $2,000		
i.e. Personnel Costs- .5 FTE-Part Time Coordinator (10 hours p/w)	Ex: $6,500	Ex: $1,000	Ex: $500	$8,000
1. Operations- Utilities	$	$	$	
2. Operations-Staffing/Administration Site Manager (30 hours per week @ $15.00 per hour) = $23,400	$	$	$	
3. Operations-Insurance/Safety Items	$	$	$	
4. Advertising- Social Media/Online	$	$	$	
5. Advertising- Print Ads, Brochures, Postcards	$	$	$	
6. Data Processing- Website Maintenance, E-newsletters	$	$	$	
7. Exhibits/Displays/Attraction Development	$	$	$	
8. Special Projects/Events Admin	$	$	$	
9. Bands	$	$	$	
10.	$	$	$	
11.	$	$	$	
12.	$	$	$	
13.	$	$	$	
14.	$	$	$	
15.	$	$	$	
TOTALS (sum of each column)	$	$	$	
** PLEASE PROVIDE ADDITIONAL SHEETS (**USING THE SAME FORMAT**) IF THERE IS NOT ENOUGH ROOM TO ACCOMMODATE YOUR FULL BUDGET **				

Signatures	
I hereby certify that the information contained in this quarterly report is true and accurate to the best of my knowledge. I understand that providing false or misleading information may disqualify this organization from receiving future funding from the Tourism Board.	
EXECUTIVE DIRECTOR	
Signature:	Date:
Printed Name:	
BOARD CHAIRPERSON	
Signature:	Date:
Printed Name:	
CONTRACT CONTACT PERSON (if different than Executive Director)	
Signature:	Date:
Printed Name:	