



2026 FINAL REPORT FORM

PLEASE SEND COMPLETE REPORT WITHIN 60 DAYS OF EVENT TO: ddramthun@discoverames.com Discover Ames 1601 Golden Aspen Drive; Suite 110 Ames, IA 50010

Name of Event: _____

Contact Name & Title: _____

Name of Event: _____

Date(s) of Event: _____

Check Made Payable to: _____

Tax ID# _____ Please complete the attached W-9 form on page 04

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____

EVENT SUMMARY

Actual attendance. Include spectators, vendors and participants per event: _____

Total attendance if more than one day: _____

Location of event: _____

Estimated number of lodging nights rented: _____ (# of rooms x # of nights)

Estimated number of attendees outside of Ames (30 miles or more): _____

Did Discover Ames provide any additional services or resources for this event?

[] No [] Yes: If so, what was provided? _____

How could Discover Ames improve these services? _____

What additional services may be helpful in planning this event in the future? _____

Will this event return to Ames in the future? [] No [] Yes: If yes, when? _____

EVENT SUMMARY *(Continued)*

Provide a summary of the event, identifying areas of success and those needing improvement.

FINAL EVENT BUDGET INFORMATION

Please provide the following budget information for the items you were specifically awarded funding for, as listed on your application. Please provide copies of all receipts for those expenditures by attaching receipts to this form or within the email/mail submission.

Source	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
Total:	\$

THANK YOU!

Thank you for participating in the Discover Ames Community Grant Program. We have enjoyed working with you and your organization!

Signature

Date

Printed Name

Organization

