



MO DIVISION OF TOURISM

ORGANIZATION INFORMATION

ORGANIZATION NAME:	
CONTACT NAME:	
CONTACT EMAIL:	
CONTACT PHONE NUMBER:	

COMMEMORATION SUMMARY

EVENT NAME:	
DATE OF EVENT:	
LENGTH OF JUNETEENTH EVENT:	
LOCATION OF EVENT (CITY):	
# OF ESTIMATED ATTENDANCE:	

EXPENDITURES	BUDGET	ACTUAL
VENUE RENTAL OR USAGE FEES		
EVENT MARKETING & ADVERTISING		
LIVE ENTERTAINMENT*		
SECURITY		
EVENT STAGING & CLEAN-UP		
FOOD & NON-ALCOHOLIC BEVERAGES		
AUDIO & VISUAL EQUIPMENT		
AUDIO & VISUAL PERSONNEL **		
EDUCATIONAL COMPONENT***		
Other:		
Other:		
Other:		
Other:		
Other:		
TOTALS		

ADDITIONAL QUESTIONS

IS THERE ANYTHING YOU WOULD LIKE US TO KNOW OR YOU WOULD LIKE TO HIGHLIGHT ABOUT YOUR EVENT(S)?

WERE THERE ADDITIONAL COMPONENTS YOU WERE ABLE TO ADD TO YOUR PROGRAM DUE TO THE GRANT FUNDING?

DID YOU LEARN ANYTHING THIS YEAR THAT WILL IMPACT THE WAY YOU OPERATE NEXT YEAR?

PROOF OF PERFORMANCE

PLEASE ATTACH A MAXIMUM OF 5 PHOTOS FROM YOUR EVENT HIGHLIGHTING THE CROWD/ATTENDANCE AND ANY SINAGE.

PLEASE PROVIDE LINKS OR SCREENSHOTS TO ANY NEWS ARTICLES OR SOCIAL MEDIA POSTS FEATURING YOUR JUNETEENTH EVENT.

Failure to complete this document in a timely manner may impact your future grant eligibility.