Dawes County Travel Board IMPROVEMENT GRANT REPORT



PO Box 158 | Harrison, NE 69346 *revised 2023

1. Description	1. Description				
Name of Project:		Date:			
Organization:	Grant Amou	unt Approved:			
Contact Name:	Phone:				
Organization Address:	Email:				
	Date of the	project completed:			
Explain how the improvement grant helped the project meet its goals: Describe any obstacles encountered during this project:					
Demographics of those who will visit project (hometowns, interests, reason for visiting)?					
How will this completed project be promoted?					

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DAWES COUNTY TRAVEL BOARD MISSION STATEMENT: The Dawes County Travel Board promotes Northwest Nebraska and seeks to improve visitor experiences while advising the Board of Commissioner in the administration of proceeds from tax revenue provided by the Nebraska Visitors Development Act.

2. For Official Use Only			
Date of report received:			
Ву:			
Acknowledgment of DCTB funding posted at site:			
Check cut and mailed by County Clerk:			

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REIMBURSMENT WOLKSHILT

(Please complete the work et leits en irety.

Refer to Grant Guidelines for the of heept are use of funds.)

Improvement	Cost	Brief Description	Total
Example: Concrete pouring	1, 70	Tee-off for Disc Golf	\$1,200

Improvement	Cost	Receipt	Brief Description	Total		
rand Total:						

(All receipts must be submitted for reimbursement. Attach additional documents as necessary.)