



**Franklin County Tourist Development Council
Museum Grant Program
Quarterly Report Form**

I. List **hours** of operation during the quarter:

Begin date _____

Ending date _____

II. List and briefly describe programs or services offered outside of established hours, and include number of participants.

III. How were the hours of operation posted and promoted?

IV. What entrance fees, if any, were charged for visitation or participation in programs?

V. Please categorize total expenses to be reimbursed to the following categories

Personnel _____

Utilities _____

Insurance _____

Office Supplies _____

Advertising/Promotion _____

Postage _____

Other: (please detail) _____

VI. Do your exterior signs and promotional materials display the FCTDC logo?

VII. Are adequate restrooms provided to serve visitors during established hours of operation?

I, _____ representing _____, verify this report to be true and request reimbursement in the amount of up to **\$ 3,750** for the applicable quarter period not to exceed **\$15,000 awarded amount annually**. Please e-mail to: deb@floridasforgottencoast.com; or mail/hand deliver to: FCTDC, 731 US Hwy 98, Eastpoint, Florida 32328