



**COMMUNITY VIBRANCY GRANT
Final Report**

To be submitted, along with the final financial statement within 60 days of the event.

NOTE: No handwritten reports will be accepted.

I. APPLICANT DETAILS

Name of Applicant/Society/Group: _____

Name for Cheque Issue (if different than above): _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Name: _____ Home Phone: _____

Position in Organization (if applicable): _____ Business Phone: _____

Mobile Phone: _____ Email: _____

Website (if applicable): _____

Secondary Contact Name: _____

Position in Organization (if applicable): _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Email: _____

II. PROJECT SUMMARY or EVENT SUMMARY

Title of project you received funding for: _____

Grant Amount Received: \$ _____

Project Dates: From: _____ To: _____
mm/dd/yy *mm/dd/yy*

Project Location: _____

Number Attended: _____

II. PROJECT REPORT

Include attachment(s) that provides the following Project information: (Please answer the following questions. If some questions are not applicable to the project, please explain.)

1. Detailed description of the completed project
2. Describe how the project was aligned with the Community Vibrancy Grant objectives including deliverables and outcomes
 - Deliverables: handouts produced, kits distributed, presentations given, partnerships solidified for \$XXX.XX of funding, supplies purchased and handed out, one-day community festival staged, for examples
 - Outcomes: what you achieved, what changes you made
3. Describe how the project impacted residents in a positive, worthwhile and meaningful manner
4. Describe how the project allowed active or passive participation at little or no cost to local residents
5. Describe how opportunities were inclusive and accessible to all
6. Describe how your project promoted volunteerism and built capacity in the community, including the number of volunteers and volunteer hours involved
7. Describe partnerships with community organizations and local business that took place
8. Provide a brief explanation of how your project was completed
9. Describe your project's results and successes. How did you evaluate the success of your project?
10. Describe how you acknowledged the support of the City of Medicine Hat in the promotion of the approved project
11. Applicants may be asked to make a final presentation to the selection committee describing their project outcomes

III. PROJECT BUDGET

Complete the Final Budget Form (Appendix A) to list all revenue and expenses related to the project.

Revenue - list all revenue directly related to the proposed project including, but not limited to:

- Amount requested from the City of Medicine Hat
- Any amounts requested or received from all sources such as other government agencies, community organizations and groups, foundations, private donors, sponsors, etc.
- Fundraising revenue
- Revenue received as fees/admissions from project participants (if applicable)
- Gifts in kind

Expenses - list all expenses directly related to the completed project the funding was received for, including, but not limited to:

- Advertising
- Entry/Registration Fees
- Equipment Rental
- Food & Beverage Supplies
- Materials/Supplies
- Capital Expenditures (\$500 maximum)
- Insurance
- Venue Rental
- Travel & Accommodation
- Royalties
- Honorariums
- Permits/Licenses

Please Note:

- All funding approved for 2025 must be expended by December 31, 2025.

When completed, Appendix A is included, and makes up part of the complete final report.

IV. DECLARATION

I, the undersigned, certify that the statements and information contained in this report are accurate and complete.

Name of applicant

Signature of applicant

Position within organization

Name of applicant

Signature of applicant

Position within organization

Date of Signature: _____

**COMMUNITY VIBRANCY GRANT
Post Event Budget Form**

Budget: Please include expected revenues and proposed expenditures from your application form, as well as the actuals from the project/event that took place.			
Proposed Budget		Actual Budget	
Proposed Revenues (please specify, from application form)		Actual Revenues (please specify)	
City Grant Requested	\$	City Grant Received	\$
Fees/Admission (if applicable)	\$	Fees/Admission (if applicable)	\$
Sponsorship	\$	Sponsorship	\$
Other Grants	\$	Other Grants	\$
Fundraising	\$	Fundraising	\$
Gifts in Kind	\$	Gifts in Kind	\$
Other (please list)	\$ \$ \$	Other (please list)	\$ \$ \$
Total	\$	Total	\$
Notes:			

Proposed Expenditures (please specify, from application form)		Actual Expenditures (please specify)	
Advertising	\$	Advertising	\$
Rentals	\$	Rentals	\$
Materials/supplies	\$	Materials/supplies	\$
Honorariums	\$	Honorariums	\$
Insurance	\$	Insurance	\$
Permits, Licenses	\$	Permits, Licenses	\$
Other (please list)	\$	Other (please list)	\$
	\$		\$
	\$		\$
Total	\$	Total	\$
Surplus/Shortfall	\$	Surplus/Shortfall	\$
Notes:			

Please forward this completed budget form with the final report to cdvgrants@medicinehat.ca within 60 days of your event. NOTE: Please retain all receipts for expenses paid for with the grant for seven (7) years as the City of Medicine Hat may ask to see those receipts as evidence of purchase. If the City of Medicine Hat asks for those receipts, they are to be provided within 30 days. If the grant recipient does not produce the receipts, they may be required to repay the grant dollars to the City of Medicine Hat.