

SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS Final Report – All Grant Types

I. APPLICANT DETAILS

Name of Project Event:

Name of Lead Organization:

Name of Registered Non-Profit Society:
(if different from above)

Main Contact:

Title:

Email:

Phone:

Mailing Address:

City:

Province:

Postal Code:

II. GRANT INFORMATION

Please indicate the grant category you received:

Special Cultural Events

Amount Requested:

Amount Approved:

Competition

Amount Requested:

Amount Approved:

III. PROJECT DESCRIPTION

Project Venues:

Project Dates:

Program of Activities:

Please describe the program and/or different activities that made up the event.

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IV. PROJECT OUTCOMES

Please note: Grant recipients will be invited back to provide a short (15 minute) presentation to the Arts & Heritage Advisory Board describing the success/results of their event or competition.

Identify the key goals that were achieved or not achieved. If certain key goals were not achieved, what reasons have you identified for this?

What would you change in order to improve the event?

V. PROJECT ACKNOWLEDGEMENT

How did you publicly acknowledge the City of Medicine Hat's support for your event?

Describe any media coverage received.

Please provide digital pictures from your event/competition in jpeg format of 300 dpi resolution. Can be submitted on storage device or emailed to culturalgrants@medicinehat.ca. These pictures may be used in reports and publications produced by the City of Medicine Hat.

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VI. AUDIENCE REACH

Free/Ungated Events - Attendance Estimated		Total Medicine Hat Residents
Free/Ungated Events - Attendance Counted		Total Medicine Hat Residents

VII. FINANCIAL REPORTING

Resubmit your proposed budget with a final column outlining actual revenue and expenses. Attach copies of all receipts of claimed expenses.

VIII. CHECKLIST

Please check and submit:

- One original signed copy of this Final Report
- A completed final budget, showing actual revenue and expenses
- Samples of promotion including recognition of the project grant support provided by the City of Medicine Hat

Digital pictures from your event/competition in jpeg format of 300 dpi resolution. Can be submitted on storage device or emailed to culturalgrants@medicinehat.ca

signature of applicant

name (print)

position with organization

date

signature of board chair or president

name (print)

date

Print Form