

SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS

Final Report – All Grant Types

Please Note: No handwritten reports will be accepted.

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

Title of project funding received for: _____

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

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.

VI. AUDIENCE REACH

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

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VII. FINANCIAL REPORTING

Resubmit your proposed budget and show actual revenue and expenses. Attach copies of all receipts of claimed expenses.

PROJECT BUDGET REPORT			
Proposed Revenue		Actual Revenue	
City Grant Requested	\$	City Grant Received	\$
Fees/Admissions/Registration (if applicable)	\$	Fees/Admissions/Registration (if applicable)	\$
Sponsorship _____	\$	Sponsorship _____	\$
Other Grants _____	\$	Other Grants _____	\$
Fundraising _____	\$	Fundraising _____	\$
Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$
Total	\$	Total	\$
Proposed Expenditures		Actual Expenditures	
Entry Fees (if applicable)	\$	Entry Fees (if applicable)	\$
Advertising _____	\$	Advertising _____	\$
Rentals _____	\$	Rentals _____	\$
Materials/Supplies _____	\$	Materials/Supplies _____	\$
Honorariums _____	\$	Honorariums _____	\$
Insurance _____	\$	Insurance _____	\$
Travel _____	\$	Travel _____	\$
Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$
Total	\$	Total	\$

VIII. CHECKLIST

Please check and submit:

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

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signature of applicant

name (print)

position with organization

date

signature of board chair or president

name (print)

date