



Schedule 'A' Final Report

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: \_\_\_\_\_

**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 2026 must be expended by December 31, 2026.

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



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Final Report**

**APPENDIX A  
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.**

<b>Proposed Budget</b>		<b>Actual Budget</b>	
<b>Proposed Revenues (please specify, from application form)</b>		<b>Actual Revenues (please specify)</b>	
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)	\$
	\$		\$
	\$		\$
<b>Total</b>		<b>Total</b>	

**Notes:**

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

Please forward this completed budget form with the final report to [cdvgrants@medicinehat.ca](mailto: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.





**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: