

**MOMENTUM KICK OFF GRANT Final Report**

*NOTE: Upon completion of the event, the designated applicant contact will be issued an email invitation to complete the Project Final Report and submit the associated financial statements through the Submit.com portal no later than 60 days after the event.*

**PROJECT REPORT**

You will be prompted to answer the following questions. If some questions are not applicable to the project, please explain.

1. Name of person completing the report
2. Email address
3. Name of the Project
4. Number of people impacted by the project (can be an estimate), if applicable
5. Describe the outcomes of the project, explaining how it positively impacted participants, include relevant statistics (such as survey results or other data), stories or testimonials from participants or partners, and any evidence showing how the grant helped advance specific actions from the *Momentum: Medicine Hat Community Well Being Plan* (be sure to identify which action(s) were advanced).
6. Describe how opportunities were inclusive and accessible to all
7. Describe partnerships with community organizations and local business that took place
8. Describe how you acknowledged the support of the City of Medicine Hat in the promotion of approved project.
9. Download the Final Financial Statement (attached here) to list all final revenue and expenses related to the project. When completed, save a copy, then upload it here.
10. If applicable, please submit any photos and / or other files you would like to include. If you are submitting photos, please ensure you have the proper disclosure in place to allow us to share the photos. Photos may be made public and used by the City for Final Reporting of the grant, added to the grant website, and/or used in future grant promotional material. Upload here.
11. If you were not able to achieve the results you were expecting, please describe why not, and what you would do differently in the future.
12. Do you have any feedback for us on the grant application process or guidelines.
13. Declaration - By completing this form, I certify that the statements and information provided in this report are accurate and complete.

**MOMENTUM KICK OFF GRANT BUDGET REPORT –  
FINANCIAL STATEMENT - REVENUE AND EXPENDITURES****PROJECT BUDGET**

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

**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.**

**MOMENTUM KICK OFF GRANT**

<b>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>			
<b>Proposed Budget</b>		<b>Actual Budget</b>	
<b>Proposed Revenues</b> (please specify, from application form)		<b>Actual Revenues</b> (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)	\$
	\$		\$
	\$		\$
	\$		\$
<b>Total</b>	\$ 0.00	<b>Total</b>	\$ 0.00
<b>Notes:</b>			



**Schedule 'A'  
Final Report**

<b>Proposed Expenditures</b> (please specify, from application form)		<b>Actual Expenditures</b> (please specify)	
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>	\$ 0.00	<b>Total</b>	\$ 0.00
<b>Surplus/Shortfall</b>	\$ 0	<b>Surplus/Shortfall</b>	\$
<b>Notes:</b>			

Please upload this completed budget form into submit.com 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.