



TOWN OF DRAYTON VALLEY
COMMUNITY EVENT GRANT
FINAL REPORT

Please note: If the Final Report becomes overdue, no funds can be released and no further applications will be considered for any subsequent grant approved by the Town of Drayton Valley until the overdue report has been received.

Date: _____

Organization Name: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Event Title: _____

Event Location: _____

Event Date: _____ to _____ Estimated # of participants/audience _____

REQUIRED ATTACHMENTS

1. Describe the event's initial goals or objectives and comment on how they were achieved.
2. What partnerships, if any, were formed with other organizations, sponsors or agencies in carrying out the event? Will any of these partnerships be continued in the future and, if so, in what way?
3. In what ways did you acknowledge the Town of Drayton Valley's financial contribution? (Attach copies of any printed materials on which the Town logo was included)
4. A brief paragraph stating what the impact of the event was to the Community and how the participants benefitted by attending?

Financial report of actual revenues and expenses:

Please complete the form below or attach your own prepared statement.

REVENUES

Monies contributed by Organization: \$ _____

Monies earned from registration fees, admission, concessions, sales, etc.: \$ _____

Monies earned through sponsorships, donations and/or fundraising (excluding all government support funding): \$ _____

Monetary value of gifts in kind received: \$ _____

Specify all Federal, Provincial and/or Municipal Government Support received:

\$ _____ Grant/Program Name: _____

\$ _____ Grant/Program Name: _____

\$ _____ Grant/Program Name: _____

Specify the monetary amount from all other funding sources: \$ _____

Total Revenues: \$ _____

EXPENSES

Equipment and/or Materials: \$ _____

Venue or Hall Rental: \$ _____

Promotion/Advertising: \$ _____

Administration: \$ _____

Staff costs and/ or Resource Person Fees and/or Expenses: \$ _____

Specify all other Expenses:

\$ _____ Description: _____

\$ _____ Description: _____

\$ _____ Description: _____

Total Expenses: \$ _____

BY AFFIXING HIS/HER SIGNATURE BELOW, THE APPLICANT CONFIRMS THAT THE FOLLOWING STATEMENTS ARE TRUE, TO THE BEST OF HIS/HER KNOWLEDGE.

1. The information provided is accurate.
2. The signature below is that of the registered director, board member or authorized designate of the organization receiving sponsorship.
3. I understand and agree that this Final Report for municipal sponsorship, or any information related thereto is not confidential information and may be released by the Town of Drayton Valley.

Applicant's Signature:

Print Name:

Date:

Board Title:

MAIL TO:

Town of Drayton Valley
Community Event Grant
Box 6837
Drayton Valley, AB T7A 1A1

DELIVER TO:

Town of Drayton Valley
Community Event Grant
5102 - 52 Street
Drayton Valley, AB

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

The personal information on the Community Event Grant Application is being collected under authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used to administer Grant Funding. The Town of Drayton Valley will use the aggregate data for program planning and evaluation. All personal information will be protected in accordance with the privacy provision of the *FOIP Act*. If you have any questions about the Grant or questions about the collection, use or disclosure of our personal information, please contact the Town of Drayton Valley at (780)514-2200.