

CBRM SUSTAINABILITY COMPLETION REPORT- FESTIVAL & EVENTS

A final Completion Report is required for all festivals & events funded by CBRM Sustainability Fund and must be submitted within 60 days of the end date of your festival or event.

Event Name:

Contact Name:

Contact Number:

Completion Date:

Final Report Date:

SECTION ONE: FESTIVAL OR EVENT SUMMARY

Please provide a summary report on your festival or event

Overall do you feel your festival or event was a success?

Yes No

Please provide details about the festival or events results or the activities supported by the CBRM Sustainability Fund.

Community Participation

a) Did your festival or event meet, or exceed your attendance expectations?	Yes	No
b) Did you ask for public feedback in regard to the festival or event?	Yes	No
c) Did you draw attendees from outside the Municipality?	Yes	No
d) Did you have support of community volunteers?	Yes	No
e) Did you have more volunteers involved than originally planned?	Yes	No
f) Did you have fewer volunteers involved than originally planned?	Yes	No
g) Did local businesses donate or sponsor any Festival or Event supplies or activities?	Yes	No

Community Economic Impact

1. Did the Festival or Event hire local entertainers?
a) If yes how many

Yes No

2. Did the Festival or Event utilize local vendors?
a) If yes how many

Yes No

3. Did the Festival or Event utilize off island entertainment?
a) If yes how many

Yes No

b) Did the Festival or Event utilize off island vendors?
a) If yes how many

Yes No

SECTION TWO: STATISTICAL INFORMATION

Budget

Were the Festival or Event costs higher or lower than anticipated?

Higher Lower

- 1. Please provide a breakdown of income and expenditures in Section 3.*
- 2. Please submit attached to this Completion Report a copy of all invoices for all expenses*

SECTION THREE: FINANCIAL REPORT

This report should include income and expense items that are relevant to the Festival & Events funded by CBRM Sustainability Fund. All budget information should be based on the submitted application budget.

EXPENSE	APPROVED BUDGET	ACTUAL \$	VARIANCE \$
TOTAL VARIANCE			\$
REVENUE	APPROVED BUDGET	ACTUAL \$	VARIANCE \$
TOTAL VARIANCE			\$

Signature of Festival or Event
Financial Officer

Date:

SECTION FOUR: DECLARATION

2 Festival or Event committee officers must complete this declaration:

Signature #1: _____ Representing: _____

Date: _____

I certify that the funding was used for the approved purpose(s) and declare that this Completion Report is true to the best of my knowledge.

Signature #2: _____ Representing: _____

Date: _____

I certify that the funding was used for the approved purpose(s) and declare that this Completion Report is true to the best of my knowledge.

ALL APPLICATIONS MUST BE SUBMITTED IN PERSON TO:

CAPE BRETON REGIONAL MUNICIPALITY CITIZEN SERVICE CENTRE
320 ESPLANADE, 1ST FLOOR
SYDNEY, NS B1P 7B9
MONDAY TO FRIDAY 9:00 AM TO 4:00 PM