

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? | Yes | No |
| a) If yes how many | <input type="text"/> | |
| 2. Did the Festival or Event utilize local vendors? | Yes | No |
| a) If yes how many | <input type="text"/> | |
| 3. Did the Festival or Event utilize off island entertainment? | Yes | No |
| a) If yes how many | <input type="text"/> | |
| b) Did the Festival of Event utilize off island vendors? | Yes | No |
| a) If yes how many | <input type="text"/> | |

SECTION TWO: STATISTICAL INFORMATION

| ACTIVITY TYPE Ex: performances, exhibition, Teddy Bear Picnic , Kiddies Day, other | LOCATION Please include site and district Ex: District 5 Waterfront Parking Lot | NUMBER OF EVENTS | ATTENDANCE NUMBERS Specify whether paid (i.e. for tickets or registration fees), unpaid (complimentary & free tickets) or free (for activities where entrance was free to all) | | |
|---|---|---------------------|--|--------|------|
| | | | Paid | Unpaid | Free |
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| TOTAL NUMBER OF ATTENDEES | | | | | |

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 \$ |
|-----------------------|-----------------|-----------|-------------|
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| 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