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Community Support Grant Post-Event / Project Report (Schedule E)

To be submitted within 30 days of completion of event or project.

Please attach additional pages if required.

Applicant Information					
Applicant's Name:					
Address:					
Phone:				Er	mail:
Event Information				•	
Event Name:					
Hosting Organization:					
Event Date:				Event Sta	art Time:
Approximate Attendance:					
Event Type (please check all that apply):		Community Event or Celebration			Sporting Event or Tournament
		Fundra	Fundraiser		Walk / Run
		Festival			Music Event / Concert
		Neighbourhood Block Party			Private Event
		Parade			Other:
Location(s):	(s):				
What were the key highlights and / or achievements of your event?					
Please report on outcomes including attendance, and marketing initiatives (displaying Town of Diamond Valley brand)					
How did the initiative benefit the Town of Diamond Valley?					
Financial reporting: Please attach a Funding Accountability Report (budget vs. actual) outlining financial details related to the initiative					
Funding Accountability Report Attached: Yes \square No \square					
Email a copy to: moniquel@diamondvalley.town					