

DOWNTOWN Victoria

Sponsorship Reporting Out Form

Applicant and Event Information

Society or Organization Name: _____

Name of the Event: _____

Event date(s): _____

Event location (s): _____

Results

Describe how the event's anticipated goals and/or objectives and timelines were or were not met:

Describe how the event supported the DVBA's vision statement: _____

What portion or separate component of the event was free? _____

Describe how the event will continue to be sustainable past the grant time period: _____

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Describe how the organization evaluated the benefits of the event to both the organization and the community. What were the specific performance measures used?:

How did you involve downtown businesses directly and indirectly? _____

How did you recognize the DVBA? Please attach documentation and other supporting evidence confirming acknowledgment by your organization of the DVBA's support for your event

Grant Outcomes

How many people directly benefited from this request: _____

Age categories of residents that benefited from this request:

Children (0 – 12 years): _____

Youth (13 – 19 years): _____

Adults (20 – 44 years): _____

Adults (45 – 65 years): _____

Seniors (65+ years): _____

Assistance to other organizations

If the organization provided financial assistance to other organizations or societies please list:

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Societies/organizations and amount: _____

Funding report

| | Results |
|---|---------|
| Revenue: | |
| Federal and/or provincial grants (specify ministry and program) | |
| | |
| | |
| Other federal and/or provincial funding (specify) | |
| | |
| | |
| Municipal grants | |
| Cash | |
| | |
| | |
| | |
| | |
| In-kind | |
| | |
| | |
| Non-government | |
| Earned income | |
| User fees | |
| Fundraising | |
| Foundations (specify) | |
| Private donations | |
| Other (specify) | |
| | |
| | |
| Applicant organization's contributions to the event | |

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| | |
|---------------------------|--|
| Cash | |
| | |
| | |
| In-kind | |
| | |
| Total revenue | |
| | |
| Expenses | |
| Salaries and benefits | |
| Administration | |
| Rent/Mortgage | |
| Event supplies | |
| Advertising and promotion | |
| Other (specify) | |
| | |
| | |
| | |
| | |
| | |
| Total expenses | |

Signatures

By signing below the representatives of the organization thereby acknowledge that they have fully read and understand the policy conditions and agree to be bound by them and that the information included in this application is true and correct to the best of their knowledge.

| | | |
|-----------|-------------------|-------|
| _____ | _____ | _____ |
| Signature | Name and position | Date |
| _____ | _____ | |
| Phone | Email | |
| _____ | _____ | _____ |
| Signature | Name and position | Date |
| _____ | _____ | |

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| | | |
|-------|-------|--|
| Phone | Email | |
|-------|-------|--|

All completed applications, reporting out forms, and correspondence should be forwarded in accordance with timelines specified herein to the attention of the Marketing Manager at the DVBA in order to receive final funding dollars.