



## Economic Development Event Fund (EDEF)

### POST EVENT REPORT

**Now that your event is complete, a Post Event Report is required to be completed and submitted. The Town of Black Diamond may use this information for future evaluation of the EDEF program.**

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#### Report Submission

Please fill out this form and attach copies of purchase receipts and any relevant information within two (2) weeks of the last day of the event.

**\*Please note - you are responsible for providing purchase receipts and/or paid invoices in the amount of, or exceeding the amount of, the grant you were approved for.\***

Reports can be submitted to the Town of Black in person, by mail, or by email.

Black Diamond Economic Development Events Fund  
301 Centre Avenue West  
PO Box 10  
Black Diamond, AB T0L 0H0

Email: [info@town.blackdiamond.ab.ca](mailto:info@town.blackdiamond.ab.ca)

#### Applicant Information

Name of Applicant/ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of EDEF Funding Received: \$ \_\_\_\_\_

Name of Event: \_\_\_\_\_



## Report Check List

Please attach the following:

1. Summary of the Event (general overview, any challenges you faced, any successes, would you consider doing it again, etc.)
  2. Attendee/Guest statistics:
    - a. Provide the total number of attendees
    - b. Provide as much detail as possible with regards to where the attendees came from, including listing communities of origin (if possible) and an approximate number of attendees from each community of origin.
  3. Explain how the funds provided by EDEF were used. If not used as anticipated, please explain why.
  4. How did you acknowledge Black Diamond's contribution during the event?
  5. Provide as many examples of the event's advertising as possible, attach copies or visuals if possible.
  6. Attach original or copies of all receipts and/paid invoices.
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## Applicant Agreement

I declare that:

1. I am a duly authorized representative having legal and/or financial signing authority for the following organization: \_\_\_\_\_  
OR  
I am an individual working alone and/or with a group of interested individuals, and I am the lead representative of this group, and I confirm that the information contained within this Post Event Report is true and accurate to the best of my knowledge.
2. The information contained herein to and/or attached to this Post Event Report is true and accurate and endorsed by the above-noted organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date Post Event Report Received: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_