



## **ARTS, CULTURE & HERITAGE GRANT (ACHBG) FOLLOW-UP FORM PROCESS**

### **FOLLOW-UP FORM PROCESS**

Follow-up forms shall be submitted to the Arts, Culture & Heritage Board by one of the following methods:

- Mail at P.O. Box 879, Brooks, AB, T1R 1B7 Attention: Natasha Laviolette, ACHBG;
- Hand delivered to City Hall – 201 1<sup>st</sup> Avenue West, Brooks, AB Attention: Natasha Laviolette, ACHBG; or,
- Emailed to Supervisor, Recreation Services, [nlaviolette@brooks.ca](mailto:nlaviolette@brooks.ca) with subject line as "ACHBG Grant Follow-Up".

Follow-up forms shall be completed 30 days after the project/program/festival/event is complete or by December 31 of the year funding was provided.

**All funded programs are required to complete this form. Failure to complete this form on time may result in ineligibility to apply for funding in the future.**

### **1.0 ACHBG Applicant Information**

1.0 ACHBG Application Number – *Insert number found on your funding approval document/letter.*

1.2 Individual(s)/Group(s) Name – *Insert the name of the applicant or the organization you are representing (e.g. Local Senior Art Club).*

1.3 Mailing Address – *Insert the mailing address for the applicant/group you are representing (e.g. PO Box 123, Brooks, AB T1R 1A1).*



## 2.0 Assessment

Project Completion and Needs Met – *Identify how the project/program/festival/event met the needs of the community and how the funding helped to achieve this goal. Indicate any successes or challenges that the were faced.*

## 3.0 Project Costs

Actual Project/Program/Festival/Event Costs – *costs must be listed on the form to show that the funds given were used based on the approved ACHBG application.*

- Receipts must be included to show all program/project/festival/event expenses (costs) and income (revenue) based on the approved ACHBG application.

## 4.0 ACHBG Follow-Up Form Agreement

4.1 Individual(s)/Group(s) Name – *Same as 1.0 in ACHBG Applicant Information.*

4.2 Signatures/Positions – *A dual signature is required certifying the information in the document is true and accurate. Any individual signing the ACHBG application on behalf of an organization, must have signing authority within the organization to do so. Please provide the date the ACHBG Follow-Up Form was completed.*

## 5.0 Feedback of ACHBG Process

Provide Individual(s)/Group(s) opinions/suggestions as to the effectiveness of the ACHBG application process (e.g. format suggestions, length, information requirements, etc.).