



Please complete this form with sufficient detail to support your reimbursement request.

#### SECTION A – CONTACT INFORMATION

Event Name:	Host Organization:
Primary Applicant:	Email:
Event Location(s):	
Event Date(s):	

#### SECTION B – Contracted Service Category

1. Please indicate the status of your event to help determine required documentation:
  - Completed Event – Final Invoices for all requesting reimbursement services
  - Upcoming Event – Contractor Quotes attached (Final invoices required when available)
2. Please provide details for all operational/logistical services you are requesting reimbursement for. *(Select the service type and provide contractor and cost details in the same row. Use extra rows for additional eligible services).*

Service Type	Contractor Name	Quote Amount	Final Invoice Amount	Documentation Attached?
<input type="checkbox"/> Electrical Services				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Waste and Recycling				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Snow Clearing				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Amount: \$

#### 3. Additional Notes (Upcoming Events Only)

Include any clarifications related to your contracted services or changes expected.

#### DECLARATION

I certify that I am authorized to act on behalf of the organization listed above, and that the information provided in this FESPOAF Reimbursement Form is true and accurate to the best of my knowledge. I confirm that all listed services meet FESPOAF eligibility requirements, and all final invoices will be submitted as required.

Name

Signature

Date

Email the completed “FESPOAF Application Form” to [FESP-Microgrants@calgary.ca](mailto:FESP-Microgrants@calgary.ca)