



Final Report Form Special Event Funding Application (SEFA) Sponsorship

Bureau of Communications ■ Office of Special Events ■ 585-428-6690 30 Church St., 203A ■ Rochester, NY 14614-1287

Complete this form to receive the final payment of the SEFA sponsorship. Please include the attachments required in #8.

Applicant name: _____ Date: _____

Cell Phone: _____ Email Address: _____

Name of Event: _____ Date(s) of Event: _____

SEFA Amount Awarded: \$ _____

1. Narrative of Event: _____

2. Attendance Figures: _____

3. Total Event Days: _____

4. Total Event Hours: _____

5. Event admission cost (that City sponsorship supported): _____

6. Demographics of Event Participants:

7. Number of social media posts and press releases that mentioned the City: _____

8. Complete the table on the next page with expenses totaling the full amount of the event's City sponsorship.

9. Email kara.osipovitch@cityofrochester.gov:

- a. This completed form, and
- b. Receipts and/or copies of cleared checks that correspond with each expense.

