

GRANT - FINAL REPORT FORM



Name of Organization (Grant Recipient)				
Contact Person		Position within Organization		
Address				
Postal Code		Phone		Email
Type of Project/Event				
Brief Project/Event Description *Attach or enclose photos if possible				
Project/Event Cost Estimate (as per application)		Amount of Grant Approved		
Grant Type (Select)	<input type="checkbox"/> Community Economic Development	<input type="checkbox"/> Community Recreation Program		
	<input type="checkbox"/> Community Event	<input type="checkbox"/> Major Events		
	<input type="checkbox"/> Community Recreation Capital	<input type="checkbox"/> Major Recreation Capital		
Itemized Project/Event Income				
	Item	Received From	Receipt #	Amount
A.				
B.				
C.				
D.				
E.				
In Kind Donations	Brief Description			
Value of Donated Labour (Skilled)				
Value of Donated Labour (Unskilled)				
Value of Donated Equipment				
Value of Donated Material				
			TOTAL INCOME	

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Itemized Project/Event Expenses				
	Item	Paid To	Cheque #	Amount
A.	Total In-Kind Donations TOTAL	See Income Statement		
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				
Q.				
R.				
T.				
U.				
V.				
			TOTAL EXPENSES	

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Certification (2 signatures required)

By signing this form, you declare that the above itemized Final Report represents the total costs of the entire project, as approved for a grant by the Municipality of the District of Lunenburg.

Signed:		Print Name:	
Position:		Date:	
Signed:		Print Name:	
Position:		Date:	

PLEASE SEND COMPLETED FORM TO:
Recreation Department
Municipality of the District of Lunenburg
10 Allée Champlain Drive
Cookville, NS
B4V 9E4

Telephone: 902-541-1343
Fax: 902-543-7123
Email: recreation@modl.ca

Office Hours: Mon-Fri 8:00 a.m. – 5:00 p.m.

FOR DEPARTMENT USE ONLY

Final Report Review

Comments:

Release of Final 25%: Approved Denied

Signed:		Date:	
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