

GRANT - FINAL REPORT FORM (ANNUAL OPERATING)



Name of Organization (Grant Recipient)			
Contact Person		Position within Organization	
Address			
Postal Code		Phone	
		Email	
Summary of annual operations:			
Operating Budget (as per application)		Amount of Grant Approved	
PLEASE ATTACHED INCOME/EXPENSE STATEMENT and/or COPY OF AUDITED FINANCIAL STATEMENT			
Certification (2 signatures required)			
By signing this form, you declare that provided financial statement represents the total operating costs, as approved for a grant by the Municipality of the District of Lunenburg.			
Signed:		Print Name:	
Position:		Date:	
Signed:		Print Name:	
Position:		Date:	
FOR DEPARTMENT USE ONLY			
Comments:			
Release of Final 25%: Approved <input type="checkbox"/> Denied <input type="checkbox"/>			
Signed:		Date:	