
AGENCY INFORMATION

* Please note: If this grant was received by a Municipality or School District, for use by a non-profit society or school, then completion of this report is the responsibility of the Municipality or School District.

Name of Organization:

**Month/Year Grant was
received:**

Mailing Address:

City/Town:

**Postal
Code:**

Phone Number:

Email Address:

Report Completed By:

Position:

PROJECT INFORMATION

Project Title:

Amount of Grant Received: \$

\$

Brief Project Description:

FINANCIAL INFORMATION

How did the actual project expenses and revenue compare to the budget projections? Were there any surprises?

Answer:

Were you able to leverage any additional funds as a result of this project, or form partnerships? If yes, please tell us about it.

Answer:

Please complete the attached financial reporting template statement outlining the project expenses and revenue.

SMART AND CARING GRANTS FINAL REPORT & IMPACT STORY

PROJECT OUTCOMES

1. What was achieved with this Community Priorities Grant? Did you meet your original project goals? Were there any challenges to overcome?

Answer:

2. Please outline the community support, partnerships and collaboration that occurred in your project.

Answer:

3. If applicable, please explain the plans and resources you have in place to continue with this project?

Answer:

4. Was there any media coverage on your project? If yes, we would appreciate copies of all publicity garnered from this grant.

Answer:

PROJECT IMPACT STORY: *(Refer to Final Report Guidelines for details)*

500
words
Max.

FINANCIAL REPORT

PROJECT REVENUE

Source of Revenue	Assured & Potential	Actual
CFSEA	\$	\$
Other Funders (Specify)	\$	\$
	\$	\$

SMART AND CARING GRANTS FINAL REPORT & IMPACT STORY

	\$	\$
	\$	\$
Government (please specify)		
	\$	\$
	\$	\$
	\$	\$
Support from your agency	\$	\$

Total Project Revenue	\$	\$
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PROJECT EXPENDITURES

Items	Costs (Actual)
Salaries/Benefits	\$
Program Costs a)	\$
Program Costs b)	\$
Program Costs c)	\$
IT Equipment (hardware, software)	\$
Capital (specify and provide quotes)	\$
Agency Administration (no more than 10%)	\$
Other:	\$
	\$
	\$
	\$

Total Project Expenditures	\$
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Total Actual Budget	Revenues:	-	Expenses	=	Net:
\$	\$		\$		\$

Thank you for completing this report.

Please email to info@cfsea.ca

Questions? Contact the Community Foundation office at 403.527.9038