
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: \$

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.

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:

5. Please explain how was the CFSEA acknowledged for the grant (social media platforms, newspaper, media coverage etc.)?

Answer:

6. How did your project or program address the United Nation's Sustainable Development Goals?

Answer:

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

Please provide a separate attachment for the impact story and any pictures you may have.

FINANCIAL REPORT

PROJECT REVENUE

Source of Revenue	Actual
CFSEA	\$
Other Funders (Specify)	\$
	\$
	\$
	\$
Government (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:	\$
Other:	\$

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

Thank you for completing this report. Please email to admin@cfsea.ca
Questions? Contact the Community Foundation office at 403.527.9038