

**AGENCY INFORMATION**

\* Please note: If this grant was received by an affiliate, for use by a non-profit society, then the completion of this final report is the responsibility of the non-profit who received the grant.

|                                       |  |                     |  |
|---------------------------------------|--|---------------------|--|
| <b>Name of Organization:</b>          |  |                     |  |
| <b>Month/Year Grant was received:</b> |  |                     |  |
| <b>Mailing Address:</b>               |  |                     |  |
| <b>City/Town:</b>                     |  | <b>Postal Code:</b> |  |
| <b>Phone Number:</b>                  |  |                     |  |
| <b>Email Address:</b>                 |  |                     |  |
| <b>Report Completed By:</b>           |  |                     |  |
| <b>Position:</b>                      |  |                     |  |

**PROJECT INFORMATION**

|                                                                                                |    |
|------------------------------------------------------------------------------------------------|----|
| <b>Amount of Grant:</b>                                                                        | \$ |
| <b>Brief Project Description:</b>                                                              |    |
| <b>Number of people impacted and which vulnerable population was served:</b>                   |    |
| <b>Were there any unexpected outcomes, if so, how did your organization adapt the project?</b> |    |



**FINANCIAL REPORT**

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

**PROJECT REVENUE**

| SOURCE OF REVENUE            | ACTUAL    |
|------------------------------|-----------|
| CFSEA                        | \$        |
| <b>Total Project Revenue</b> | <b>\$</b> |

**PROJECT EXPENDITURES**

| ITEMS                                       | COSTS (Actual) |
|---------------------------------------------|----------------|
| Staffing:<br>Explanation:                   | \$             |
| Program Materials/Supplies:<br>Explanation: | \$             |
| Travel:<br>Explanation:                     | \$             |
| Other:<br>Explanation:                      | \$             |
| <b>Total Project Expenditures</b>           | <b>\$</b>      |

|                            |                        |   |                       |   |                   |
|----------------------------|------------------------|---|-----------------------|---|-------------------|
| <b>Total Actual Budget</b> | <b>Revenues:</b><br>\$ | - | <b>Expenses</b><br>\$ | = | <b>Net:</b><br>\$ |
|----------------------------|------------------------|---|-----------------------|---|-------------------|

Thank you for completing this report. Please submit to [admin@cfsea.ca](mailto:admin@cfsea.ca)  
Questions? Contact the Community Foundation office at 403.527.9038