

FINAL REPORT

9848 Aberdeen Road Coldstream, BC V1B 2K9

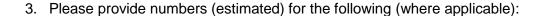
Organization Nam	e:			
Project Year:				
Project Type:				
Address:				
Phone:		Fax:		
Website:		Email:		
Registered Non-Pi (in good standing)	rofit Society	Society	y No.:	
☐ Yes	□ No	Date o	f Incorporation:	
Contact Name:			Title:	
Phone:			Email:	
Alternate C	Contact Name:		Title:	
Phone:			Email:	

1. Briefly describe the completed project noting any changes from the original proposal.



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2.	What was the most successful outcome and what was the biggest challenge in execu your project?	ting



paid staff # volunteer staff

4. Please provide suggestions or comments on how to make this grant program better (application process, reporting, etc):



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5. Please provide a minimum of two photos of your project in progress or completed (if construction/equipment based).



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Project Grant Financial Report

Project:	Year:
REVENUES	
EXPENSES	

		CASH COSTS		IN-KIND (est. value)	
Eligible Expenses	Details	Projected	Actual	Projected	Actual
Project Management Fees					
Design, Production,					
fabrication and Installation					
Fees					
Volunteer recruitment,					
training and support					
Permits / Insurance					
Other:					
	Total In-Kind (D)				