

Community Grant Program Reporting Form

1. Organization Information

Name of Agency/Organization/Group: _____

Address: _____

Town: _____ Postal Code: _____

Contact Person: _____ Position/Title: _____

Telephone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

2. Results Evaluation

Briefly describe the project/program for which the organization is reporting on: _____

Describe how the project/program’s anticipated goals and timelines were/were not met: _____

Describe how the project/program supported the Town’s “Framework for our Future” strategic plan and vision statement: _____

Describe how this project/program will continue to be sustainable past the grant time period: _____

How many people directly benefited from this request: _____

Age categories of residents that benefited from this request:

Children (0–12): ____ Youth (13–19): ____ Adults (20–44): ____ Adults (45–65): ____ Seniors (65+ yrs): ____

3. Financial Information

	Results
Revenue:	
Federal and/or provincial grants (specify ministry and program)	
Other federal and/or provincial funding (specify)	
Community grants	
Town of Neepawa – cash (specify each component and timeline)	
Town of Neepawa – in-kind (specify each component, facility, and timeline)	
Other local governments (specify municipality and each component)	
Non-government	
Earned income	
User fees	
Fundraising	
Foundations (specify)	
Private donations	
Other (specify)	
Applicant organization's contributions to the project/program	
Cash	
In-kind (other)	
Total Revenue	
Expenses	
Salaries and benefits	
Administration	
Rent or mortgage	
Program/project supplies	
Advertising and promotion	
Other (specify)	
Total Expenses	

Signatures

By signing below the representatives of the organization thereby acknowledge that they have fully read and understand the policy conditions and agree to be bound by them and that the information included in this application is true and correct to the best of their knowledge.

_____	_____	_____
Signature	Name and position	Date
_____	_____	
Telephone	email	
_____	_____	_____
Signature	Name and position	Date
_____	_____	
Telephone	email	

All completed applications, reporting forms, and applicable correspondence should be forwarded in accordance with timelines specified herein to the attention of the CAO at the Town of Neepawa Administration Office.