



Community Grant Program Post-Event Report (Appendix B)

To be submitted within sixty (60) days of completion of event or project by email to communitydevelopment@coalhurst.ca. Please attach additional pages if required.

Applicant information				
Organization or resident name:				
Address:				
Town/City:		Province:		Postal code:
Contact name:				
Phone:		Email:		
Grant stream (please check):	Neighbourhood Connections Micro-grant (up to \$500) <input type="checkbox"/>			
	Community Support Grant (up to \$2,000) <input type="checkbox"/>			
Amount received:				
Event or project or initiative information				
Event or project date(s):			Event or project location:	
Activity type (please check):	Community event <input type="checkbox"/>	One-time project <input type="checkbox"/>	On-going program <input type="checkbox"/>	Economic development initiative <input type="checkbox"/>
Approximate attendance:				
What were the key highlights and/or achievements of your event or project? How were the funds received from the Town used for this project or event?				
Please report on outcomes including attendance and marketing initiatives (include details about how the Town of Coalhurst was recognized for its financial contribution to the project or event).				

How did the initiative benefit the Town of Coalhurst?
Financial reporting: Please attach a Funding Accountability Report (budget vs. actual) outlining financial details related to the initiative.
Funding Accountability Report attached: Yes No
Declaration
I/we, the undersigned, hereby declare that to the best of our knowledge this report contains a full, current, and accurate account for all matters stated herein. DECLARATION: I declare that all of the information in this report is accurate and complete to the best of my knowledge. If the report is made on behalf of the hosting organization, business, or citizen group, it is done so with their full knowledge and consent, and I have been authorized to do so. We confirm that the approved funding was used for which the funding application was approved and that if the event was not undertaken the grant money will be returned to the Town of Coalhurst.
Name of authorized project lead or organization chair:
Signature of authorized project lead or organization chair:
Date:

The personal information on this form is being collected for the purpose of reporting on the receipt of a Neighbourhood Connections Micro-grant or a Community Support Grant from the Town of Coalhurst. The information is collected under the authority of section 33© of the Freedom of Information and Protection of Privacy Act and may become public information. Questions regarding the collection of this information can be directed to the FOIP Coordinator, 100 51 Ave, Box 456, Coalhurst, AB T0L 0V0); 403-381-3033.