



Lesser Slave River

Administration

COMMUNITY ASSISTANCE FUNDING FINAL REPORT

APPLICANT INFORMATION

☐ Incorporated Society

☐ Service Group / Club

☐ Individual

☐ Other

NAME

PHONE

ADDRESS

MOBILE

FAX

E-MAIL

If this application is from an incorporated society or a service group, provide the following key contact information.

NAME

PHONE

POSITION

MOBILE

E-MAIL

FAX

PROJECT INFORMATION

NAME OF PROJECT

DESCRIPTION OF THE PROJECT

PROJECT START DATE

DAY

MONTH

YEAR

PROJECT COMPLETION DATE

DAY

MONTH

YEAR



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PROJECT OUTCOMES

COMMUNITY VALUES MET (CHECK ONE OR MORE)

☐ Youth	☐ Seniors	☐ Leadership	☐ Fellowship
☐ Spirit	☐ Compassion	☐ Volunteerism	☐ Generosity

EXPLAIN HOW THESE COMMUNITY VALUES WERE MET

CORE FUNDING AREAS MET (CHECK ONE OR MORE)

☐ Recreation	☐ Social	☐ Cultural	☐ Educational	☐ Athletic
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EXPLAIN HOW THE CORE FUNDING AREAS WERE MET

MEASURABLE OUTCOMES
(attendance, surveys, testimonials, etc.)



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PROJECT PARTNERSHIPS

List any and all partner organizations, businesses and individuals that helped to bring this project to completion

PROJECT BUDGET RECONCILIATION

COMMUNITY ASSISTANCE FUNDING RECEIVED \$ _____

PROJECT ACTUAL COSTS

Item _____	\$ _____
Item _____	\$ _____
Item _____	\$ _____
Item _____	\$ _____
Item _____	\$ _____
Item _____	\$ _____
Item _____	\$ _____

TOTAL PROJECT COST \$ _____ (a)

LESS CASH CONTRIBUTION \$ _____ (b)

LESS OTHER GRANTS / DONATIONS \$ _____ (c)

LESS PARTNERSHIP FUNDING \$ _____ (d)

COMMUNITY ASSISTANCE FUNDING USED \$ _____ (a - b - c - d)

PLEASE NOTE: A surplus of Funding will need to be remitted back to the Municipal District.

SIGNARUTE

I declare the above to be true and any and all Community Assistance funds were used exclusively for this project.
I agree that the Municipal District reserves the right to ask for and receive financial documentation that relates to the project.

APPLICANT'S NAME

SIGNATURE

DATE