



THE COMMUNITY
FOUNDATION
OF ORILLIA AND AREA

GRANT RECIPIENTS: FINAL REPORT FORM

Please type or print clearly: add additional pages if space is insufficient. Submit this form, plus all supporting material, within six weeks following the completion of the project to: The Community Foundation of Orillia and Area, P.O. Box 622, Orillia, Ontario. L3V 6K5 (e-mail info@communityfoundationorillia.ca or telephone 705-259-1163 for hand-delivery).

ORGANIZATION OR GROUP

Organization Name: _____

Contact Person: _____

Position/Title: _____

Telephone: _____

E-mail: _____

PROJECT DATA

Project Title: _____

Start Date: _____

Completion Date: _____

Amount of Grant Received from the Community Foundation: _____

OTHER FUNDING/ASSISTANCE PARTNERS

List any other partners who helped to support this project.

FUTURE FUNDING: If applicable, has future funding been obtained for this initiative?

RECOGNITION OF THE COMMUNITY FOUNDATION: Please outline your recognition of The Community Foundation of Orillia and Area.

ATTACHMENTS: Please share with us any anecdotes, stories, and/or photographs which help to illustrate this project. Thank you!

Name of Organization: _____

Revised February 2011

PROJECT EVALUATION

DESCRIPTION: Give a brief description of the project for which you received funding.

GOALS AND OBJECTIVES: Outline the goals and objectives of the project.

SUCSESSES: Outline the overall degree of success in achieving the project's objectives.

CHALLENGES: Outline what did not work, and why.

ADDITIONAL COMMENTS: Add any other observations and conclusions.

COMMUNITY BENEFIT: Briefly describe the benefits of this project to the community, including information on precisely who benefitted, and how many people it impacted.

PROJECT FINANCIAL REPORT

Complete this report with reference to the original budget on the grant application form. Add an explanatory note if there are substantial fluctuations between projected and actual figures.

PROJECT EXPENSES

Project Costs	Amount
Total Project Expenses <i>(Transfer to summary)</i>	

PROJECT REVENUE

Sources of Funding	Amount
Grant Received from CFOA	
Government Funding	
Federal	
Provincial	
District	
Municipal	
In-kind Donations	
Donated Labour	
Donated Materials	
Fundraising	
Other Sources	
Total Project Revenue <i>(Transfer to summary)</i>	

PROJECT FINANCIAL SUMMARY

Note: the Project Expenses and Project Revenue must be in balance.

Total Project Expenses	Total Project Revenue
\$	\$

Signed by Senior Staff Person:

Print Name and Title:

Signed by Chair/Board Representative:

Print Name and Title: `

Name of Organization: _____