



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](mailto:info@communityfoundationorillia.ca) or hand deliver to 22 Peter Street South, Orillia.*

### 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 March 2012

## 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
<b>Total Project Expenses</b> <i>(Transfer to summary)</i>	

### PROJECT REVENUE

Sources of Funding	Amount
<b>Grant Received from CFOA</b>	
<b>Government Funding</b>	
Federal	
Provincial	
District	
Municipal	
<b>In-kind Donations</b>	
Donated Labour	
Donated Materials	
<b>Fundraising</b>	
<b>Other Sources</b>	
<b>Total Project Revenue</b> <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: \_\_\_\_\_