

## CKNS Grant Final Report Form

### Organization Information

Name of Organization: \_\_\_\_\_

Name of event: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Contact name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Grant Information

Amount of Approved Grant: \_\_\_\_\_

Amount of Grant Received to date: \_\_\_\_\_

### DETAILS OF PROJECT / EVENT

1. **Activity Status and Summary.** Provide a summary of the events/activities and deliverables that your organization has carried out in relation to the project.
2. **Project plan Revisions.** If your project included a plan, be sure to reference any substantive revisions made to your project's plan as a result of your progress and learning.
3. **Success Stories and Lessons Learned.** Describe the impact or difference that your project made. Did you achieve your goals? What worked, what didn't? Share your successes.
4. **Financial Reporting.** Provide a complete financial breakdown outlining expenditures and revenue sources associated with your project, along with any in kind support your received.
5. **Evaluation.** Provide any tracking or evaluation results on your project (example: number of participants that attended and the level of participant satisfaction). Tell us how you gathered this information (e.g. Survey or registration sheet).
6. **Project Deliverables.** If the project contributed to the development of any tools, resources and/or promotional materials, please submit an electronic or hard copy of those materials.

Please email the final report and any attachments to [admin@ckns.ca](mailto:admin@ckns.ca) or send it by mail to the address at the top of this sheet.

**1) FINANCIAL STATEMENT (ACTUALS)**

**Expenditures:**

Leadership	
Administration	
Equipment and Material	
Transportation	
Facility Rental	
Other (specify)	
Other (specify)	
<b>Total Expenditures A</b>	

**Revenue:** Do not include the grant amount from CKNS.

Fees or Charges	
Membership	
Fundraising	
Municipal Contribution	
Other Provincial Government	
Other (specify)	
<b>Total Expenditures B</b>	

<b>Expenditures A</b>	<b>Minus Expenditures B</b>	=
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**2) CERTIFICATION:** The above statement and supporting documentation were inspected and verified. The appropriate conditions and intent of the approved project have been fulfilled.

<b>Name</b>		<b>Signature</b>	
<b>Position</b>		<b>Date</b>	

**3) FOR DEPARTMENT USE ONLY:** Certified that the above statement and supporting documentation were inspected and verified. The appropriate conditions and intent of the approved project have been fulfilled.

Documents inspected and verified by		on	
Signature		Name	
Position		Date	
Advanced Amount \$		Amount Due	
Comments		Date	