



Municipality of the County of Colchester
Grants to Non-Profit Organizations
Post Grant Reporting Form

Name of Non-Profit Organization:
Primary Contact Person:
Daytime phone number (Work Cell Home):
Mailing address:
Fax Number: Email Address:
Organization Website:
Secondary Contact Person
Daytime phone number (Work Cell Home):
Email Address:
Amount of Non-Profit Grant received:

Your grant report should include the following information:

- o Progress report on the project (see below)
o A completed project financial report (see over)
o Documentation of proof of payment, i.e., copies of cancelled cheques, paid invoices, receipts, or documented in-kind contributions
o Before and after pictures, if available

Please note: Organizations who do not report on a grant they receive from the Non-Profit Grant program will be ineligible for further funding until the conditions of funding are complete.

Deadline for Post Grant Report is December 31, 2024

Project Description and Progress Report (Please attach report)

Please confirm that the project was completed as described in your grant application, or if there were major changes in the scope or timing of the project. Briefly describe the main "outcomes" of the project (what did you accomplish and who will benefit?).

Ex. Community Hall Capital Improvements: Installed wheelchair ramp at main entrance and made repairs to existing handrail. Receipts enclosed with before and after pictures.

Blank lines for project description and progress report.

## Project Financial Report

(Please send copies of invoices paid, or copies of cancelled cheques, or financial statements)

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Revenue	Amount
Municipal Non -profit Grant	
Provincial Funding received	
Federal Funding received	
Other funding received (please specify)	
Fundraising	
Donations	
In-Kind	
Other	
Other	
Other	
<b>Total Project Income</b>	

### Expenditures (please be specific and add lines as needed)

Equipment / Materials	
Administration	
Leadership	
Facility rental	
Transportation	
Other	
Other	
Other	
<b>Total Project Expenditures</b>	

The above Financial Statement represents the total costs of the project, as approved for Municipality of the County of Colchester, and is supported by attached cancelled cheques, paid invoices or receipts to the full amount of the approved grant.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position with Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to:  
**Recreation Services**  
**Municipality of the County of Colchester**  
1 Church Street  
Truro, NS B2N 3Z5  
recreation@colchester.ca  
Fax: 902-843-4065