



Municipality of the County of Colchester
Non-profit Grant – 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:

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

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.

Project Financial Report

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

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

Expenditures (please be specific and add lines as needed)

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

The above Financial Statement represents the total costs of the project, as approved for Municipality 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 Colchester
1 Church Street
Truro, NS B2N 3Z5
recreation@colchester.ca