

# COVID-19 Community Response Fund Grant Final Report



Please submit 30 days after project completion

## Final Report Outline

*It is acceptable to answer in point form*

Section A: Charitable Organization Details			
Registered Charity Name:			
Street/Mailing Address:			
City/Prov, Postal Code:			
Phone #:		Email:	
Charitable Registration #			
Period this report covers:	From Date:		To Date:
Contact Name for Report:			

Section B: Project Summary	
Name of Project:	
Project Description:	
Total Value/Budget of Project:	
Amount of CVCF Grant:	
Project Partners:	
In comparison to your initial grant application, were there any material changes in the project? If yes, please describe.	

Section C: Community Impact
Please share the community impact that resulted from your project. <i>ie: testimonial/story, measurable results, scope of impact... etc</i>
In one sentence, how did your project support a safer & healthier community with respect to COVID-19 response and recovery?

Section D: Recognition and Reporting
How will the Columbia Valley Community Foundation & donors be recognized for the grant? Please include attachments or additional information (where applicable/relevant) related to your project. <i>Examples: photo, resources/publications, media clippings, additional program evaluation and/or research.</i>

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<b>Section E: Project Financial Statements</b>				
<b>1. Project Funding</b>				
Funder	Cash	In-Kind	Total	
Columbia Valley Community Foundation				
<b>2. Project Expenses</b>				
Project Expenditure Description	Expenses Proposed	Expenses Final	Variance	Reason
<b>3. Project Financial Summary (FINAL)</b>				
<b>Total Revenue:</b>				
<b>Total Expenses:</b>				
<b>Excess/Deficit for Project:</b>				
<b>Excess/Deficit Management Explanation:</b>				

<b>Additional Notes/Information</b>
Please provide any additional notes/information you find relevant.

<i>We certify that this final report has been reviewed and approved on behalf of the organization listed above.</i>	
_____	_____
Print name and title	Print name and title
_____	_____
Signature	Signature
_____	_____
Date	Date