



# Community Capital Grant Program

Reporting at Project Completion

*Funded by Westlock County in order to build strong communities  
and enhance their economic vitality and quality of life.*

## ***Reporting at Project Completion***

**Remit a written Report and be sure to include the following sections:**

### Section A. PERFORMANCE MEASUREMENT

1. Describe in measurable terms whether or not the project achieved desired outcomes.
2. Describe or explain any significant expense variances from your approved budget plan to the actual completed project.
3. Did these funds help your organization make progress toward its goals?

### Section B. PUBLIC AWARENESS OF THE GRANT RECEIVED

1. Describe how you informed your community that this project was funded by Westlock County.

### Section C. FINANCIAL REPORTING

1. Complete the financial reporting template and submit a copy that is signed by two legally authorized representatives. Note: One of the authorized signatures must be from the Treasurer or equivalent position.
2. Submit an original signed declaration form.

### Section C: Financial Reporting

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

Project Name: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Finish Date: \_\_\_\_\_

Revenue	Approved Budget	Actual	Variance
Amount Requested from this Program			
Provincial Government Funding			
Federal Government Funding			
Non – Government Funding			
Your Organization's Cash Contribution			
Donated Resources			
<b>Total Funding</b>			

Expenses	Approved Budget	Actual	Variance
Labour			
Equipment			
Supplies and Materials			
Contracted Services			
Other (specify)			
1.			
2.			
3.			
4.			
5.			
Total Paid Expenses			
Donated Labour			
Donated Equipment			
Donated Materials and Supplies			
<b>Total Donated Resources</b>			
<b>Total Expenses including Donated Resources</b>			

I certify that the financial reporting is true and accurate (include two authorized signatures)

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ***Declaration at Project Completion***

To Westlock County Capital Grant Program:

I, \_\_\_\_\_ of \_\_\_\_\_  
President Name Complete Address

In the Town of \_\_\_\_\_, in the Province of Alberta

Do solemnly declare:

That I am \_\_\_\_\_ of \_\_\_\_\_  
Title Legal Name of Organization

1. That grant funds of \$ \_\_\_\_\_ was received by the above named organization from the Westlock County Capital Grant Program;
2. That the grant funds were used solely for the purpose for which the grant is made or if the original purpose is varied with the consent of the Capital Grant Program, only for the purpose as varied
3. That any unexpended grant funds not used for the purpose for which a grant is made have been returned to the Capital Grant Program;
4. That the statement of grant expenditure is an accurate representation of grant funds spent.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date