



Community Project 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 | | | |
| Total Funding | | | |

| 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 | | | |
| Total Donated Resources | | | |
| Total Expenses including Donated Resources | | | |

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 Project 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 Project 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 Project 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 Project 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