

## CCACS GRANT REPORTING TEMPLATE

**Grant received:**  Project  Capital purchase  
 General Program  Community-Based

**Grant amount received:** \$ \_\_\_\_\_

### GRANT RECIPIENT INFORMATION

**Name of Society or Community Group:** \_\_\_\_\_

**Mailing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

**Project/Activities Contact Person:**

Name: \_\_\_\_\_ Title within Organization \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Date project/activities were completed  
 (from your original grant application):** \_\_\_\_\_

**Please submit the following documents via USB or email to [info@centralcaribooarts.com](mailto:info@centralcaribooarts.com):**

- Samples of marketing, outreach and promotional materials (including acknowledgements).
- Copies of press coverage (reviews, articles), if applicable.
- Photos related to your project or activities, if applicable.
- Any other relevant information, event agendas, evaluations, etc., if applicable.

OFFICE USE ONLY
Did the applicant acknowledge support from the CRD/City of WL via the CCACS in all promotional materials, advertising and programs related to the project/activities being funded?
Was the funding used specifically for the purposes outlined in the application, unless otherwise authorized?
Were CCACS Directors/Staff invited to attend performances/events/activities related to the grant, if applicable?
Was a complete final report received within two months of activities/project completion?
Other comments:

## **Section 2: Project / Activities Report**

**Please provide a brief synopsis of your completed project / activities. Include attendance/participation numbers and any other relevant information and statistics:**

**What was the purpose of your project / activities and the goals that you set out to achieve? Please provide an evaluation of the extent to which your goals were met and the impact(s) on the organization:**

Number of people served by the project/activities: audience \_\_\_\_\_ participants \_\_\_\_\_

Did you have any community partnerships involved with your project / activities? Please explain and include their roles:

Please explain how you provided acknowledgement of funding to the Cariboo Regional District and the City of Williams Lake via the Central Cariboo Arts and Culture Society:

If your actual revenues and expenses resulted in a surplus of more than \$100, please provide a statement indicating how you plan to use it (this usage may need to be approved by the CCACS Board of Directors):

### Section 3: Financials

Please enter the amounts from your original grant application in the BUDGETED columns, and your actual amounts in the ACTUAL columns. Please attach a separate sheet if more space is required.

GRANT REVENUE SOURCES	BUDGETED	ACTUAL
CCACS Grant	\$ _____	\$ _____
Other Grant Specify: _____	\$ _____	\$ _____
Other Grant Specify: _____	\$ _____	\$ _____
Cash Donations / Sponsorships	\$ _____	\$ _____
Cash or Staff allocations from your organization	\$ _____	\$ _____
Ticket sales / admission: _____	\$ _____	\$ _____
Other Specify: _____	\$ _____	\$ _____
Other Specify: _____	\$ _____	\$ _____
Other Specify: _____	\$ _____	\$ _____
In-Kind (materials) Specify: _____	\$ _____	\$ _____
In-Kind (volunteer time) Specify: _____	\$ _____	\$ _____
<b>Total Revenues</b>	<b>\$ _____</b>	<b>\$ _____</b>

GRANT EXPENSES Place an asterisk (*) next to the items that were purchased under this grant funding.		
ITEM	BUDGETED	ACTUAL
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
In-Kind (materials): _____	\$ _____	\$ _____
In-Kind (volunteer time): _____	\$ _____	\$ _____
<b>Total Expenditures</b>	<b>\$ _____</b>	<b>\$ _____</b>

Would your event / activities have been able to happen without a CCACS Grant?  Yes  No  Maybe

## Section 4: Declaration

I do solemnly declare that, to the best of my knowledge, all information contained in and attached to this report is complete and true in every respect.

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

Title within Organization: \_\_\_\_\_

Signature\*: \_\_\_\_\_

\*Typing your name above is equivalent to a signed declaration.

Date: \_\_\_\_\_