

CCACS GRANT REPORTING TEMPLATE

Grant received: ☐ Co-Create ☐ Amplify
☐ Elevate ☐ Bright Ideas

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, email, or hard copy to 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, that can be used for reporting purposes.
- ☐ 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 concise summary of your completed project or activities, highlighting key outcomes. Include details on attendance and participation numbers, as well as any relevant data, statistics, or measurable impacts that demonstrate the project's success.

What were the key accomplishments of your project? Did it meet the goals outlined in your application? Provide examples of successes and any challenges encountered.

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

Did you collaborate with other organizations, artists, or community groups? If so, how did these partnerships contribute to the success of your project?

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):

How did this project contribute to artistic growth, skill development, or cultural enrichment in the community?

What cultural benefits did your project bring to the community? Share any notable outcomes, growth in participation, or contributions to the local arts and culture sector.

What lessons did you learn from this project? Do you plan to continue, expand, or adapt the project in the future? If so, what steps will you take?

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: _____	\$ _____	\$ _____
Total Revenues	\$ _____	\$ _____

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): _____	\$ _____	\$ _____
Total Expenditures	\$ _____	\$ _____

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: _____