



 SMITHS FALLS	Town of Smiths Falls 77 Beckwith Street North PO Box 695 Smiths Falls ON K7A 2B8 613.283.4124 www.smithsfalls.ca	<h2 style="margin: 0;">Municipal Grant Reporting Form</h2>
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This form must be completed within three (3) months of the completion of the event/service OR at the end of the calendar year. Any organization that does not complete and return this form will not be considered for funding in subsequent years.

Name of Organization		Phone #
Mailing Address		Fax #
Town	Postal Code ■	Website

Briefly describe the project/program/event for which the organization is reporting on:

Provide amount of grant funding provided for the organization/event received from the Town of Smiths Falls:

Key Outcomes outlined in application:



Describe how the greater community benefitted include both the short and long term positive outcomes to Was the project/program/event a success? How is this success measured? If not a success, describe why not.

How many people participated in or attended the project/program/event?

What was the age and regional breakdown of attendees?

Date of project/program/event:

Location of project/program/event:

List and **provide samples** of promotional material produced for the organization/event if applicable. Attach copies where available.

Provide final financial accounting of the event: (attach financial summary)

Provide any other relevant information:



Declaration

We, the undersigned, declare that we have been authorized to file this report and that to the best of our knowledge, all answers provided in the report, as well as all the information contained in the document and materials attached to it, are true and complete.

	Signature	
	Print Name	
	Title	
	Date	
	Phone #	
	Email	