

Appendix C – Final Report

Village of Merrickville-Wolford
COMMUNITY GRANTS PROGRAM - POST PROJECT REPORT

(To be completed and returned within sixty (60) days after your event. Failure to return this form will result in the refusal of future grants to your organization)

Applicant:

Amount Received: \$ _____

Purpose of Grant:

Describe Project Results/Outcomes:

If your financial report indicates a profit, please describe how these funds will be used:

Financial Report

Expenditures		Revenue (sources of)	
Itemize:	Amount	Itemize:	Amount
Total:		Total:	

I certify that this report is a true statement of our project.

Name (Please Print): _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

Kirsten Rahm
 Manager of Finance/Treasurer
 Village of Merrickville-Wolford
 317 Brock St W, P.O. Box 340
 Merrickville ON K0G 1N0
 Phone: (613) 269-4791 ext. 228
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