**Community Enhancement Grant Report**

*Due by January 31st, 2023*

We want to hear how your Community Grant enhanced the lives of local citizens in Squamish. We would also like to hear of any challenges you faced and how you dealt with them.

**Please complete the report below and submit the following documents to** [**info@squamishfoundation.com**](mailto:info@squamishfoundation.com) **by January 31st, 2023:**

* Your completed Community Enhancement Grant Report.
* **Schedule 1 Proposed Project Budget from original application with “Actual Costs” column completed**. See next page for reference.
* Photos of your project that are approved for us to share with the community *(optional)*

Name of Applicant (organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title (or relationship with organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe in 500 words or less, your Community Enhancement Grant project experience, including:

1. How your project improved the lives of local citizens in Squamish
2. The number of people served by the project including breakdowns of specific populations or minorities served (if available)
3. Any changes to the original application
4. Any challenges you faced and how you dealt with them

Please include one or more testimonials/stories from participants and staff. Attach additional pages if necessary.

***Freedom of Information and Protection of Privacy Act***

*The personal information collected on this form is done so in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose.*

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position with the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHEDULE 1: Community Enhancement Grant (CEG)

Proposed Project Budget

**Applicant (Organization Name):**  **Grant Year:** 2022

|  |  |  |
| --- | --- | --- |
| **TYPE** | **PROPOSED BUDGET** | **ACTUAL COSTS***(to be filled out following project completion)* |
| **REVENUE** *(other grants)* | | |
| 1. |  |  |
| 2. |  |  |
| **Other Revenue** *(including in-kind and volunteer services)* | | |
| 1. |  |  |
| 2. |  |  |
| 3. |  | **CEG Amount: $** |
| **TOTAL REVENUE:** |  |  |
|  |  |  |
| **EXPENSES** | | |
| Wages and Benefits\* |  |  |
| Professional Services |  |  |
| Disability Supports for Staff |  |  |
| Volunteer Training |  |  |
| Materials and Supplies |  |  |
| Printing and Communications |  |  |
| Utilities |  |  |
| Event Insurance |  |  |
| Rental of Premises |  |  |
| Equipment Rental or Purchase |  |  |
| Knowledge Development Activities |  |  |
| Performance Monitoring, Data Collection or Reporting Costs |  |  |
| Advertising and Promotional Costs |  |  |
| Other *(List):* | | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **TOTAL EXPENSES:** |  |  |
| **REVENUE MINUS EXPENSES (CEG Grant Request Amount):** |  | **$0** |