# Final Report Requirements

# 2024 Annual Grants

Congratulations on your successful application to the Squamish Community Foundation (SCF).

All successful applicants are required to **submit a final report** upon completion of their project.

The purpose of the Final Report is:

* To ensure **accountability** of entrusted resources
* To report on the **impact** of our grants
* To **learn** from our experiences

SCF reserves the right to audit the project on completion or at intervals during the project.

**Please use the attached Final Report Outline to self-evaluate your project.**

**Final reports must be submitted by May 1st, 2025 to:** [**info@squamishfoundation.com**](mailto:info@squamishfoundation.com)

**Get Social**

We want to share your story with our community! Please tag us on Facebook ([@SquamishCommunityFoundation)](https://www.facebook.com/SquamishCommunityFoundation/) and/or Instagram ([@squamishfoundation](https://www.instagram.com/squamishfoundation/)) when posting about your project or upcoming events. You can also keep us in the loop via email, and we’ll send updates through social media and/or our newsletter.

### SQUAMISH COMMUNITY FOUNDATION - FINAL REPORT OUTLINE

*Note: this report should be no longer than 1-2 pages. It is acceptable to answer in point form.*

**Name of Organization:**

**Name of Project:**

**Project completion date (if applicable):**

**Amount of grant:**

**Date report completed:**

1. Project Outcomes and Goals
   1. What were the expected outcomes of this project?
   2. How were these outcomes achieved with the SCF grant?
   3. Were there any unintended outcomes, or significant challenges that your faced in reaching your goals?
2. Community Impact
   1. What impact has the project had on the community?
   2. How many people benefited from your project?
   3. Please share an impact story about the project (i.e. quotes, or feedback received).
3. Next Steps
   1. How will this project continue (if applicable)?
4. Project Coverage
   1. Please attach a copy of any media coverage that the project received
   2. Please attach a copy of any marketing materials (i.e. brochures, reports, etc.), and any photos of the project that we can share publicly in our newsletter, blog, and annual reports. If attaching photos, please be sure to sign the attached Photo Release form.
5. Additional Documents – Budget Statement
   1. Please submit a final project financial statement including your 2024 Annual Grant against your proposed project budget.

Should you have any questions about the Final Report, please email us at [info@squamishfoundation.com](mailto:info@squamishfoundation.com).

**PHOTO AND VIDEO RELEASE AND PERMISSION FORM**

I hereby grant to the Squamish Community Foundation(SCF) the absolute right and unrestricted permission in respect of photographic portraits or images that I have shared with SCF or that SCF has taken of me in which I may be included with others, to copyright the same, in his/her own name or otherwise; to use, re-use, publish, and re-publish (unlimited usage) the same in whole or in part, individually or in any and all media indefinitely from the date signed herein for fundraising or promotional purpose without restriction as to alteration; and to use my name in connection therewith if he/she so chooses.

I hereby release and discharge the Squamish Community Foundation from any and all claims and demands arising out or in connection with the use of the photographs, including without any and all claims for libel or invasion of privacy.

This authorizes that I am of full age and I have the right to contract on behalf of my organization. I have read the forgoing and fully understand the contents thereof.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN’S CONSENT: I am the parent and/or guardian of the minor named and as such I approve of the foregoing.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_