

Community Grant Reporting Form

Note: This form should be completed and returned to the Deputy Clerk / Communications Coordinator no later then 30 days after the final expenses have been occurred. This form must be completed and returned to be eligible for subsequent funding from the Township of Ashfield-Colborne-Wawanosh.

Organization Name:		
Organization Address:		
Contact Person:		
	Must have signing authority	Position
Telephone Number(s):		
Fax:	Email Address:	
Name of Proposal:		
Date of Event(s):	Location:	
Signature of Contact Person	:	

1. Did your project achieve its intended results (goals and objectives)? If so, how do you know?

2. Did you engage with any partners in your community to support your project?

Yes (please indicate who below) N	ate who below) No	Yes (please indicate
-----------------------------------	-------------------	----------------------

3. Approximately how many volunteers planned, organized, or delivered your project?

If possible, please indicate the age categories of the volunteers engaged in the implementation of the project activities and list the approximate number beside each of the selected age categories below.

Under age 25	
Ages 25-44	
Ages 45-64	
Ages 65+	
None/Not Applicable	

- **4.** How was the Township of Ashfield-Colborne-Wawanosh recognized or promoted as a partner in this event. Check all that apply.
 - Social Media Print Material Radio Advertisements Word of Mouth

Please attach to this report or send by email to <u>communications@acwtownship.ca</u> examples or samples of the above. Additionally, any photographs or videos of the program / event would be greatly appreciated.

Completed forms must be delivered to:

Township of Ashfield-Colborne-Wawanosh

82133 Council Line, RR 5

Goderich, Ontario

N7A 3Y2

or by email to: communications@acwtownship.ca

Page 11 of 11