



Grant funding report Seniors grant program

**Family and Community
Support Services**
101-1101 5 St., Nisku, AB T9E 2X3
p: 780-979-2385 f: 780-955-4765
FCSSinfo@leduc-county.com

Leduc County will support applicants to submit complete final report forms. If you require assistance or have questions, please contact Sara Russell, Manager of community support services at 780-955-6424 or sara@leduc-county.com.

Lead community group/not-for-profit organization

Organization/group name					
Phone		Website			
Mailing Address					
Town/city		Province		Postal code	
Physical address (if different)					
<input type="checkbox"/> Not for profit	<input type="checkbox"/> For Profit Org	<input type="checkbox"/> Coalition, Committee, Network, Group			
Not-for-profit number (if applicable)					

Contact information

Contact name		Phone	
Contact title		Email	
Alternate Contact			

Partners

If this was a collaborative project/program/event, please indicate other groups or organizations that participated and their roles.

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Community project/program/event summary

Describe the project/program/event that your group recieved funding for. Did you achieve your overall goals?

Which priority or priorities did this project/program/event link to? (see Grant Guidelines for more information)

<input type="checkbox"/> Aging Well	<input type="checkbox"/> Inclusion and Diversity	<input type="checkbox"/> Connection and Engagement
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Explain how your project/program/event linked to the priority.

How did seniors 55+ contribute to the planning and decision-making process for this project/program/event?

How many seniors did your project/program/event impact and which age categories:

Ages 55- 64:		Ages 65-79:		Ages 80+:	
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What were the start and end dates for this project?

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Was your event successful? How did you measure the success of this project/program/event?

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Project/program/event Final expenditures

Note:

You may email us a copy of your organization's completed budget instead of filling out the columns below.

Revenue	Amount (\$)
Association funds	
Other grants (<i>please identify the name of the agency and the amount received</i>):	
Fundraising	
Leduc County Seniors Grant	
Total revenue	

Expenditures	Amount (\$)
Total expenditures	

If amount remaining is not zero, please explain:

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How did you recognize Leduc County as a funder? How did you involve Leduc County in the success of this project/program/event?

Supporting documents

Please email or mail us a copy of your project promotions and any photos or supporting documents related to this grant.

Applicant agreement

I declare that I am a duly authorized representative having legal and/or financial signing authority for the above-listed organization. Information received in this final report is accurate to the best of my knowledge and funding was used for the project as intended.

Applicant signature

Date

Your personal information is collected by Leduc County under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes for which it is collected. Questions concerning the collection and use of this information can be directed to the Leduc County’s FOIP coordinator at FOIP@leduc-county.com.

Leduc County use only

Date final report received		Received by:		
Does the final report contain all of the required information?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>