



# REGIONAL DISTRICT NORTH OKANAGAN

**FINAL REPORT**  
9848 Aberdeen Road  
Coldstream, BC V1B 2K9

Organization Name: \_\_\_\_\_

Project Year: \_\_\_\_\_

Project Type: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Non-Profit Society (in good standing) Society No.: \_\_\_\_\_

Yes  No Date of Incorporation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Briefly describe the completed project noting any changes from the original proposal.



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2. Describe and or quantify (by weight or volume) the impact your project had on reducing waste in RDNO landfills.

3. What was the most successful outcome and what was the biggest challenge in executing your project?

4. Please provide numbers (estimated) for the following (where applicable):

# paid staff

# volunteer staff



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5. Please provide suggestions or comments on how to make this grant program better (application process, reporting, etc):

6. Please provide a minimum of two photos of your project in progress or completed (if construction/equipment based).



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## Project Grant Financial Report

Project: \_\_\_\_\_ Year: \_\_\_\_\_

### REVENUES

### EXPENSES

| Eligible Expenses                                     | Details | CASH COSTS |        | IN-KIND<br><i>(est. value)</i> |        |
|---|---------|------------|--------|--------------------------------|--------|
|   |         | Projected  | Actual | Projected                      | Actual |
| Project Management Fees                               |         |            |        |                                |        |
| Design, Production, fabrication and Installation Fees |         |            |        |                                |        |
| Volunteer recruitment, training and support           |         |            |        |                                |        |
| Permits / Insurance                                   |         |            |        |                                |        |
| Other:  |         |            |        |                                |        |
| <b>Total Cash Costs (C)</b>                           |         |            |        |                                |        |
| <b>Total In-Kind (D)</b>                              |         |            |        |                                |        |