



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

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

# paid staff

# volunteer staff

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



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5. 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 <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:					
Total Cash Costs <b>(C)</b>					
Total In-Kind <b>(D)</b>					