



**EAST HANTS**

# DISTRICT RECREATION FUND Final Report Form

Address: Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5 Phone: (902) 883-3387 Toll Free: 1-866-758-2299

PROJECT \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone No.: \_\_\_\_\_

AMOUNT OF GRANT: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

ITEMIZED PROJECT EXPENDITURES (please provide attachments if necessary)

PLEASE REPORT **COMPLETE** PROJECT EXPENSES

<u>ITEM</u>	<u>PAID TO</u>	<u>\$ AMOUNT</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____
G. _____	_____	_____
H. _____	_____	_____
I. _____	_____	_____
	<b>TOTAL</b>	<b>\$</b> _____

Please attach:  Receipts       In Kind Tracking Log       Photos of completed project

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

This statement must be signed by two members of the Executive of the Association and submitted to the above address within eighteen (12) months from the date the grant was approved.