



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. _____	_____	_____
	TOTAL	\$ _____

Please explain how you publicly recognized the Municipality for contributing to your project.

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

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 twelve (12) months from the date the grant was approved.



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For Office Use

Date Received: _____

Reviewed by: _____

Report Accepted: _____