

## Community Investment Program - 2018 Year End Reporting

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

**Mailing Address:**

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

City/Hamlet: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Main Contact Name:**

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

Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

The following attachments must accompany this final report. Failure to submit the following will result in your required reporting being deemed incomplete.

- Evidence of how this Municipal grant has been recognized (attach a sample poster, flyer, brochure, etc.)**
- Organization's Statement of Position (Balance Sheet) as at December 31, 2018.**
- Organization's Statement of Operations (Income Statement) from Accountant or Accounting Software from January - December 31, 2018.**

I confirm that the information in this document is a complete and accurate account of financial matters related to the execution of the programs, projects, and/or events outlined in the contract signed between this agency and the Regional Municipality of Wood Buffalo.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: (YYYY-MM-DD)

**Reports are to be submitted to the Community Investment Program,  
Regional Municipality of Wood Buffalo**

**In Person or By Mail:**

Community Investment Program  
Regional Municipality of Wood Buffalo  
9909 Franklin Avenue  
Fort McMurray, AB T9H 2K4

**By Email:** CIP@rmwb.ca

**Provide an overview of the services, programs and/or events you delivered in 2018 with the Community Operating Grant.**

*Include information such as: dates of services, programs and/or events, numbers of expected versus actual participants by category (youth, adult, seniors, families, etc).*

*Space continues on next page (if required).*

*Overview of services, programs and/or events continued:*

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**Describe any changes that occurred from the services outlined in Schedule B of your agreement:**

**Describe any barriers/challenges of completing any of the activities from your budget request:**

**List the other community groups you have worked with and describe in what capacity:**

**What was the positive impact on the community?**

**In what capacity have your services involved volunteers?**

	Number of Volunteers	Number Volunteer Hrs
Boards/Committees		
Program Service Delivery		
Clerical/Office Duties		
Fundraising Activities		
Volunteer Training/Orientation		
Other:		
Other:		
Other:		
Other:		
Other:		

**How did you advertise/recruit volunteers?**

- Newspaper                     
  Radio                     
  Word of Mouth                     
  Social Media  
 Other:

**Describe how the services will continue to be sustainable past the grant time period:**

**What was the organization's biggest success from the past year?**







**Please give a brief description of how in-kind contributions or sources of funding other than this grant (such as Provincial or Federal Assistance, other grants, casinos, sponsorships or donations) were used and if there were any restrictions:**

*Space continues on next page (if required).*

*Overview of use of in-kind contributions and funding, continued:*

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**Provide any additional information you believe to be relevant or important:**