

Games Legacy Grant Accountability Report

Grant Recipient Name: _____

Competition: Developmental Program:

Name of Competition or Developmental Program: _____

Location of Competition or Program: _____

Beginning Date: _____ Completion Date: _____

1. Please provide a short description of your experience at the competition or developmental program and how this has impacted you as a person, athlete and/or artist.

2. Please tell us how being a recipient of the game's legacy grant has supported your development as a person, athlete and/or artist.

3. Would you have participated in this program if you did not have the support of this grant?

Yes

No

4. Please complete the table below to help us better understand the impact of the grant. “Because of receiving this grant...”

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I have developed as a person, athlete and/or artist.				
I feel more supported to participate in the competition or developmental program.				
I feel more connected to the community.				

5. How did you hear about the Games Legacy Grant? (Please check off all that apply)

Radio	
Municipal Website	
Drop-In Information Session	
Social Media	
Friends or Family	
Coach or Family	
Other:	

The Accountability Report and copies of receipts (up to approved grant value) must be submitted in order to receive the grant funding.

Contact CIP if you have any questions regarding the report CIP@rmwb.ca