

Games Legacy Grant Accountability Report

Grant Recipient Name: _____

Competition: ☐

Developmental Program: ☐

Name of Competition or Developmental Program: _____

Location of Competition or Program: _____

Start 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 an athlete or team?

2. Please tell us how being a recipient of the Games Legacy grant has supported your development as an athlete, team or coach.

3. How will the experience or knowledge gained be used in Fort McMurray Wood Buffalo communities?

(If applicable: describe how you are sharing knowledge or contributing to community development)

4. Would you be willing to share your story or be featured in CIP promotional materials?

☐ Yes

☐ No

5. Please complete the table below to help us better understand the impact of the grant.

<i>"Because of receiving this grant..."</i>	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I have developed as, an athlete and/or coach.				
I am more supported to participate in the competition or developmental program.				
I feel more connected to the community.				

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

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

The Accountability Report and copies of receipts (up to approved grant value) must be submitted within 60 days of attending or completing the programs, and/or competitions.

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