



COMMUNITY GRANTS Report/Accounting Statement

This report should include both a narrative and a line-by-line accounting of how the grant monies were spent.

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ **POSITION:** _____

MAILING ADDRESS: _____

PHONE: (home/work): _____ **EMAIL:** _____

NARRATIVE REPORT

Describe the impact that the grant has had on your organization. For example, did the grant monies improve or enable you to expand your program/event in any significant way? _____

If another organization was involved in the project, how did the collaboration work out? _____

Describe how you evaluate the success of this project. _____

ACCOUNTING REPORT

EXPENSES:

ACTUAL EXPENSE(S)

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES: \$ _____

REVENUE:

Town of Gibbons Grant: _____

Your organization actual contribution: _____

Actual contributions from other sources: _____

(Please list other sources)

TOTAL REVENUES: \$ _____

Signature of person financially responsible for your organization

Date

THIS SECTION IS FOR OFFICE USE ONLY

Date report received

Administration Signature

Date

Report must be submitted, no later than January 31st of the year following receipt of grant dollars, to:

**Town of Gibbons
P.O. Box 68
Gibbons, AB
T0A 1N0**

Phone: 780-923-3331

Fax: 780-923-3691

Email: gov@gibbons.ca

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council Grant. The information is collected under the authority of Section 33 © of the Freedom of Information and Protection of Privacy Act and may become public information. Questions regarding the collection of this information can be directed to the Town office at (780)923-3331, 4801 – 50 Avenue, P.O. Box 68, Gibbons, Alberta T0A 1N0.