APPENDIX D

CRD - Electoral Areas Grants-in-Aid - Final Report

Recipient:		**Project Name:**	

Total Project Cost:	
Total GIA Award:	
Project Completion Date:	

Instructions:

Please submit this project report within 60 calendar days of your project completion, as per your approved application . This report should be sent via email to **corporategrants@crd.bc.ca**

The CRD may request to review any payment/invoice documentation in order to verify expenses**. You must retain all invoices for at least two years for auditing purposes.**

Any awarded funds not spent on eligible expenses must be **immediately returned to the CRD.** If you have any questions please contact us at **corporategrants@crd.bc.ca**

Expense Reporting

Vendor Name	Invoice #	Invoice Description	Invoice Date	Invoice Amount ($)	Payment Date	Payment Method
Example: Generic Contractors	10001	Construction of XXXX	5-Jan-24	$ 35,000.00	14-Jun-24	(Chq, Cash, Bank Transfer, credit)
			Total:	$ -		

Project Outcome Reporting

1. Project Summary - Provide a brief overview of what the project set out to achieve and what was accomplished. If you did not achieve your intended results, why?	
2. Outcomes and Benefits - Describe how the project benefited the community.	
3. Partnerships and Collaborations (if applicable) - List any organizations, partners, or community groups involved.	
4. Attendance/Participation (if applicable) - Describe how many residents were served by your project or program in the reporting period and how many non-residents may have been served.	
6. Acknowledgement of Funding - Describe how you publicly acknowledged the grant (e.g., press releases, social media, signage, promotional materials).	
7. Reflections - What went well? What challenges were faced? Lessons learned?	
10. Visual Documentation - Attach 2-5 photos of the completed project with this document.	

By submitting this report I confirm I am a legal representative of the recipient organization listed above, and that all information contained in this report is true and correct. I acknowledge that any information contained in this report may be audited and that any requested information will be provided.

Date	
Name	
Signature	