

Date:	Society Number:				
Applicant Information					
Name of Organization:					
Mailing Address:					
City:	Postal Code:				
Contact Person:					
Phone:	Email:				
Project Information					
Project Title:	Project Title:				
Project Facility and Address:					
Project Start Date:	Project Completion Date:				
Estimated Project Cost:	Actual Project Cost:				
Project Summary					
Describe the key activities and milestones completed through this project, including timelines. What tangible outputs or results were delivered: If more space is needed, please add it as an attachment to your application					

۷.	demonstrating success or improvements:	
3.	Describe whether the project successfully met the objectives as outlined in the original grant application. Provide an explanation and describe any changes made to the original plan:	
4.	Identify any hazards or safety issues that were encountered during the project. Describe the steps taken to remediate these hazards and ensure ongoing safety:	

Э.	resolved or mitigated:		
5.	Was the project completed within the planned schedule? If delays occur, describe their causes and how the project timeline was managed:		
7.	Confirm whether insurance or protection measures are in place for any equipment or infrastructure funded by this grant. Provide a copy of the insurance policy or coverage documents along with this report, including details		
	of the type and extent of coverage:		

8. Tell us how your organization will look after the project asset over time. Describe your maintenance strate and how you intend to fund the strategy. Include all ongoing short-term and long-term support to keep good working condition:				
Fin	ancial Summary			
Funding amendments are not permitted. Any unclaimed funds after two (2) years from ratification will be returned for redistribution.				
1.	Total Project Cost: \$			
2.	Total Grant Funds Awarded: \$			
3.	Total Grant Funds Claimed: \$			
4.	Unclaimed Funds (if any): \$			
If t	If there are any unclaimed funds, please explain why:			

Required Attachments

The following documents must be submitted to complete your report:

- a. Unaudited financial statements including balance sheet and income statement for the year(s) the funds were dispersed to finance the project.
- b. Financial Insurance policy for funded asset(s).
- c. Photos or media related to the funded project.

Note: All submitted pictures become the property of the Peace River Regional District and may be used for advertising purposes on the PRRD website and for public articles and reports.

Declaration

Approved that the information provided in this report is accurate and that the project is being undertaken in accordance with the Community Works Fund Grant Agreement, applicable PRRD policies, and all required regulatory approvals.

I further acknowledge that recognition of the PRRD and the Canada Community-Building Fund (formerly Gas Tax Fund) in all communications, promotional materials, or public reporting related to this project has been, and will continue to be, carried out in compliance with established communications protocols.

THIS REPORT WAS PREPARED BY:	
First and Last Name (print):	
Email:	
Phone Number:	
Signature:	
Date:	