



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | www.csr.d.bc.ca

GRANT-IN-AID REPORTING FORM

1. Name of Organization: _____
2. Amount of Grant-in-Aid received: _____
3. Describe the project, program, service or special event for which the Organization received the Grant-in-aid funding:

4. Total project expenses: (include copies of paid invoices) _____
5. Please provide a summary of actual expenses to budget.
6. Describe how the project, program, service or special event's anticipated objectives and timelines were met or not met: (attach photographs where applicable)

7. Describe how this project, service or special event will continue to be sustainable past the grant time period:

8. How was the contribution from the CSR D recognized during or after the completion of your project:

ON BEHALF OF THE ORGANIZATION, I/WE HEREBY DECLARE
THAT THE GRANT-IN-AID FUNDING WAS UTILIZED FOR THE PURPOSE FOR
WHICH THE FUNDS WERE SOUGHT

DATED AT _____, BC, THIS _____ DAY OF _____, 20_____

_____ NAME _____ SIGNATURE