



GRANT IN AID RECIPIENT FOLLOW UP REPORT

District of Wells
(T) 250-994-3330
marketing@wells.ca
www.wells.ca

Please fill out this form upon completion of the project. Add additional paper as required.

ORGANIZATIONS WHO FAIL TO REPORT ON THEIR GRANT RECEIVED SHALL BE INELIGIBLE FOR FURTHER FUNDING UNTIL THE CONDITIONS OF FUNDING ARE SATISFIED.

Submit completed form to the District of Wells at PO Box 219, Wells, BC V0K 2R0 or marketing@wells.ca

ORGANIZATIONAL DETAILS

Name of Organization _____

Mailing Address _____

Current President _____

Telephone _____

Email _____

Designated Contact Person same as above or: _____

Telephone _____

Email _____

FINANCIAL DETAILS

Please attach an annual financial statement or summary of the finances relating to the grant-funded program.

How was the grant money used:

GRANT DETAILS

1. Was the grant program successful?

2. Explain how you determined the success of this grant.

3. Explain the benefit to the community at large of this grant program.

4. How many community members benefitted from this grant and how did they benefit.

5. What adjustments, if any, will be needed to improve the grant program?

6. How was the District of Wells recognized for its contribution?

Signature _____

Date _____