

**PROJECT FINAL REPORT – COMMUNITY DEVELOPMENT PROGRAM**

**WORKSHEET – COMMUNITY** DEVELOPMENT **PROGRAM**

This worksheet is an optional tool for preparing your report and/or collaborating with others involved in your project. This worksheet will not be accepted as your Final Report to the Program. You must apply using the online form. [Click here to go to the Final Report](https://forms.ourtrust.org/final-report-community-development-program-landing-page/)

All the questions you will be asked to complete on the online application form are below. Keep your entries precise and clear. It is important to note that space in some sections is limited and the maximum word allotment is identified in the sections.

OVERVIEW

Congratulations on completing your Project. Submitting this final report is an important step; the information you provide allows the Trust to review your contractual responsibilities and understand what resulted from your Project.

**SUBMISSION INFORMATION**

Complete the information below. If we have further questions about this report, we will contact the person listed.

PROJECT TITLE

FINAL REPORT CONTACT

Name Organization

Phone Number
Email Address

**SECTION 1**

The following section must be completed to allow the Trust to review your contractual responsibilities. Reference your Contribution Agreement with the Trust (Schedule A) as necessary.

* 1. Did you complete your Project? Summarize the activities that were carried out, and note anything that changed or evolved as compared to your Contribution Agreement.
	2. How did you use Trust funds? List the particular aspects of your Project that Trust funds were directed toward and note anything that changed or evolved as compared to your Contribution Agreement.
	3. Complete the following table for your Project. List your major categories of Project expenses, your funding sources, and any in-kind contributions.

|  |  |
| --- | --- |
| *Project Expenses (cash only)* | *Amount* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Project Expenses | $  |

|  |  |
| --- | --- |
| *Funding Sources (cash only)* | *Amount* |
| Columbia Basin Trust |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Funding Sources | $  |

If there is a variation between the “Total Project Expenses” and the “Total Funding Sources”, please review your numbers. If correct, please explain your variance in the box below.

|  |  |
| --- | --- |
| *In-Kind Contributions* | *Value* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total In-Kind Contributions | $  |

**SECTION 2**

The following section allows the Trust to collect information in a few areas to better understand what is resulting from our funding.

* 1. What are your Project’s key outcomes so far? Summarize how you are seeing your Project make a difference in relation to your organization, community, or target group.
	2. Provide a reasonable estimate of the following types of employment associated with your Project using the definitions provided below each table.

Definitions: Please use the closest definition for providing the number of positions

* Full-time positions work 30 or more hours per week on an ongoing basis
* Part-time positions work less than 30 hours per week on an ongoing basis
* Seasonal positions work 30 or more hours per week for a portion of each year
* Contract: hired to complete specific work for the Project only

|  |  |  |
| --- | --- | --- |
|  | *Existing prior to the Project (# of positions)* | *Created as a result of the Project (# of positions)* |
| *Full-time* |  |  |
| *Part-time* |  |  |
| *Seasonal* |  |  |
| *Contract* |  |  |

**SECTION 3**

The following section is voluntary, giving you an opportunity to provide the Trust with additional insights that may help improve our support. Please also feel free to call your Trust staff contact to share your thoughts directly.

* 1. Do you have anything else you would like to share with the Trust which could be pertinent to the future of this funding Program, other Trust supports, or to another organization looking to undertake a similar project?
	2. Do you have any feedback on working with the Trust and/or our funding process?

Submit Additional Materials

If you have additional materials such as completed plans or photos, you may upload them within the online reporting template.

DECLARATION

1. I am authorized to submit this application on behalf of the applicant organization.

2. The information I have provided in this application is true, accurate and complete in every respect.

3. By submitting this application, I hereby acknowledge that Columbia Basin Trust may disclose this application, and the information contained herein—including but not limited to name, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by FOIPPA.

4. I further agree that Columbia Basin Trust may proactively disclose to the public my name and location and the amount and nature of funding granted.

5. Any questions regarding such may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 300–445 13 Avenue, Castlegar, BC, V1N 1G1, 1.800.505.8998.

I have read and agree to the declaration above.

I Agree

Date

Applicant Name

Applicant Title

Thank you for completing this report. The Trust is pleased to be able to support efforts like yours that contribute to a legacy of social, economic and environmental well-being in the Columbia Basin.