



MUNICIPAL DISTRICT OF GREENVIEW No. 16

Greenview Grants, Sponsorships and Donations Project/Event Outcome Report

Application#:

Organization or Person Receiving Funding: _____
Funding Awarded by Greenview: Grant Sponsorship Donation
Contact Name: _____ Phone (h): _____ Phone (h): _____
Email Address: _____
Name of Project/Event: _____
Location of Project/Event: _____
Completion Date of Project/Event: _____
Amount of Funding Awarded by Greenview: _____

Describe the impact your project/event had on the community. If applicable estimate the economic effect (dollar sign impact) to the local economy.

How has the community benefited from your project/event?

Short term impact (0-3 months)

Longterm impact (4+ months)

Please explain the impact of the project/event:

Were the direct goals/objectives of the project/event achieved?

At this funded project/event how was Greenview recognized?



Summarize the event/project (include photos if possible):

If funds provided by Greenview were utilized to acquire/complete Capital upgrades please include photos.

If the project/event was not completed within the grant award timelines please check one of the boxes below:

Applied for an application for extension

Returned Funds

Other. Please explain _____

Have all of the funds been utilized for the project/event they were awarded for?

Yes

No

If no, please explain:

Were you successful in receiving funding from other entities? Please include In-Kind Donations.

List any In-Kind Services you have provided:

Reporting can be submitted via one of the following:

1. **Email:** greenviewgivesback@mdgreenview.ab.ca
2. **Mail:** MD of Greenview, 4806- 36 Avenue, PO Box 1079, Valleyview AB T0H 3N0
3. **In person delivery:** Any Greenview office

You may attach a separate piece of paper if additional room is required.