



Living City Grant – 2025 Reporting Form



TYPE OF REPORT:	,	or before July 15, 2029 r before Jan 15, 2026)	5)
Date:		-	
PARTI PROJECTIN	FORMATION		
Name of Organization:			
Mailing Address:			
Street Address:			
Phone:	Email:		
PROJECT NAME:			
AMOUNT OF GRANT REC	EIVED: \$		
What period of time did the	project run?		

Briefly describe the project:
PART II PROJECT EVALUATION
How were the fund objectives met? (Please refer to the objectives from Application Form)

What other benefits beyond the objectives were noted?					
What difficulties did you encounter in initiating this project (if any) and what act you take to address the difficulties?	tions did				
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Any other comments?	
Please submit your completed form to:	
Living City Grant Program City of North Vancouver, 141 West 14th Street, North Vancouver, BC V7M 1H9	
Email: livingcitygrant@cnv.org Phone: 604.983.7395	
www.cnv.org/LivingCityGrant	

Personal Information contained on this form is collected under the Local Government Act provision authorizing the establishment of municipal grants and will be used only for the purpose of project/service/programs.