



Living City Grant – Reporting Form



| TYPE OF REPORT: | ☐Interim (DUE 6 months after receiving initial funding) ☐Final (DUE within 12 months of receiving funding) |
|-----------------------------|--|
| 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: |
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| PART II PROJECT EVALUATION |
| PARTIT PROJECT EVALUATION |
| How were the fund objectives met? (Please refer to the objectives from Application Form) |
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| What other benefits beyond the objectives were noted? | |
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| What difficulties did you encounter in initiating this project (if any) and what act you take to address the difficulties? | tions did |
| | tions did |

| Any other comments? |
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| 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: 604.987.7155 |
| www.cnv.org/LivingCityGrant |
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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.