

Municipal Assistance Program Post Project Report

Name of Organization: _____

Address: _____

Telephone Number: _____ Email: _____

Contact Person: _____

Were funds spent on the project identified in your application?

Yes Amount \$ _____

No If not, why? _____

What were the benefits/enhancements to your organization/group as a result of the funding?

What were the benefits/enhancements to the community as a result of the funding?

Did the funding result in an increase in your membership/participation?

Yes No Not Applicable _____

If Yes, what percentage of an increase? _____

Please attach a copy of paid receipts confirming your funds were spent on the project identified in your application, if applicable.