



**Schedule 'C'**  
**Town of Greater Napanee**  
**Municipal Grants Program**  
**GRANT EVALUATION REPORT**  
**Grant Year- 2019**

**NOTE:**  
**To maintain eligibility to apply for future Municipal Grants**  
**this Report must be completed and submitted**  
**ON OR BEFORE JANUARY 31<sup>st</sup>, 2020**

Organization Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Amount of Grant Received	Budgeted Cost of Project	Actual Cost of Project
\$	\$	\$

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Grant Recipient Name: \_\_\_\_\_

Please provide a brief description of the project you received funding for

Who directly benefitted from your project? (e.g: How many persons/organizations in total?  
How many youths, teens or seniors?

What are the measures of your project's success?

Did you publicize the Town's contribution to your project?  Yes  No

If "Yes": How and when did you do that?

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Grant Recipient Name: \_\_\_\_\_

How was your grant funding used?

DATE	NAME OF VENDOR	PRODUCT OR SERVICE PURCHASED	COST
			\$

TOTAL: \$

\_\_\_\_\_  
CONTACT PERSON'S SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
SPONSOR'S SIGNATURE (If applicable)

DATE: \_\_\_\_\_

**Please send or deliver this report to:  
THE COMMUNITY FOUNDATION for LENNOX & ADDINGTON  
47 Dundas Street East  
Napanee, Ontario K7R 1H7**

***NEED HELP FILLING OUT THIS REPORT? CALL 613-354-7333***