

# CROSSFIELD RECREATION FUNDING GRANT

## Project Completion and Financial Report



### CAPITAL/ORGANIZATIONAL ASSISTANCE GRANTS

If previous funding has been provided, this document should be completed in full and submitted to the Crossfield Recreation Board prior to being eligible for any additional funding.

Name of Organization (as listed on application): \_\_\_\_\_

Amount of funding received from Recreation Board: \_\_\_\_\_

Date & Year funding was approved: \_\_\_\_\_

How did these grant funds enhance your program/project?

Please specify the number of people who utilize your facility/amenity/program for which funding is being sought who reside in:

- Town of Crossfield: \_\_\_\_\_
- Rocky View County: \_\_\_\_\_
- Outside RVC boundaries: \_\_\_\_\_

Please indicate which target group benefited from your program/project. If more than one group benefited, please assign a percentage (%) to each group:

	Number	Percentage
Children/Youth:	_____	_____
Families:	_____	_____
Adults:	_____	_____
Seniors:	_____	_____

How many volunteers were involved with your project? \_\_\_\_\_

How many volunteer hours? \_\_\_\_\_

**REVENUE** - List all sources and amounts of revenue, including grants. If more space is required, please attach additional sheets of paper

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**EXPENDITURES** - Please provide an account of how Town of Crossfield and Rocky View County Grant Funds were spent as per your project budget.

Budget Item	Amount Budgeted	Actual Amount	Comments
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Total Project Revenue	\$
Total Expenditures Attributed to Crossfield Rec Board contribution	\$
Total Expenditures Attributed to non-Crossfield Rec Board contribution	\$
Net Gain or Loss Following Project Completion	\$

How did you recognize the Crossfield and District Recreation Board for this funding?

Report Prepared by (Please Print): \_\_\_\_\_

Signature and Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Please send completed report to:**

Eris Latham - Recording Secretary  
Box 500 Crossfield Alberta T0M 0S0  
E-mail: [erisl@crossfieldalberta.com](mailto:erisl@crossfieldalberta.com)  
Phone: 403-946-5565  
Fax: 403-945-4523