



Municipality of Wawa  
**COMMUNITY DEVELOPMENT  
PROJECT FUND**

# Post Project Report

**Return Post Project Report to:**

Municipality of Wawa  
CDC PROJECT FUND  
P. O. Box 500  
WAWA, ON P0S 1K0

Resolution No.:

**Applicant Name:**

Address:

Town:

Postal Code:

Contact Person:

Telephone:

Fax:

Position/Title:

E-mail Address:

**Brief Project Description (List the purpose and the original objectives)**

**1. Project Information:** (please attach a separate sheet if necessary)

- How many new partnerships were created? \_\_\_\_\_
- Please list and describe briefly all partnerships and the partners roles:

- How many volunteers were involved? \_\_\_\_\_

- How many volunteer hours were involved in this project? \_\_\_\_\_

**2. Project Results:**

- What was the impact of this project on your community? Relate the results to the community objectives outlined in your application.

- How were you able to determine whether the project was successful? Please tell us how you know whether or not you accomplished what you set out to do.

**3. Financial Statement:**

- Outline all project costs and revenue sources. (use a separate sheet if required)
- Please attach a copy of all expenditures and record of revenues

<b>Project Expenses</b>			<b>Project Revenues</b>		
Description	Projected as per Application	Actual	Description	Projected as per Application	Actual
<b>Cash Expenditures:</b>			<b>Municipal Funding:</b>		
			<b>Other Funding Sources:</b>		
<b>Value of donated materials</b>			<b>Value of donated materials</b>		
<b>Value of donated labour</b>			<b>Value of donated labour</b>		
<b>TOTAL EXPENSES</b>			<b>TOTAL REVENUE</b>		

I hereby certify that the information provided in this report is true, correct and complete in every respect and that a record of revenues, purchases and expenditures for this project are attached.

Authorized Signing Officer for Applicant:

Name (print)	Position or Title	Signature	Date
--------------	-------------------	-----------	------

**Municipality of Wawa Use Only**

I have reviewed the Post Project Report and consider it acceptable. I am satisfied that the funds to be given in support of this project are properly spent and accounted for. I recommend that payment be issued as per approval of funds by Municipality of Wawa resolution.

Name (print)	Position or Title	Signature	Date
--------------	-------------------	-----------	------