**Campbellford/Seymour Community Foundation**

**IMPACT AND ACCOUNTABILITY REPORT**

**For Grant Recipients**

**Applicant Information**

|  |
| --- |
| Name of Organization:       |
| Project Name:       |
| Grant Type: [ ]  Community Impact Grant [ ]  Job Opportunity for Youth Grant  [ ]  Environmental Fund Mini Grant [ ]  Arts & Culture Mini Grant [ ]  OECYR Fund Mini Grant  |
| Report completed by - Name:       | Title:       |
| Date report completed:       | Date project completed:       |

**Tell us Your Story!**

We are collecting stories to ***illustrate the impact of your grant*** (whether in the community, in your organization, or for an individual). Review the “Story Guidelines” and “Ideas to consider when creating your story” on the Evaluation Guidelines information sheet. One story must be from your organization and one should be from either a community member who was impacted by the project, or your Job Opportunity for Youth student (depending on grant stream).

**Organization’s Story (must be completed)**

|  |  |
| --- | --- |
| **Name of Individual:** | **Relationship with Grant Project:** |
| **Story:** |

 **AND**

**Community Member’s Story**

|  |  |
| --- | --- |
| **Name of Individual:**  | **Relationship with Grant Project:**  |
| **Story:**  |

 **OR**

**Job Opportunity for Youth – Student’s Story**

|  |  |
| --- | --- |
| **Name of Individual:** | **Position:** |
| **Story:** |

**Financial Report**

Please itemize all project expenses in the table below. Refer to your *Grant Agreement, Schedule A* for the approved budget. If you had any additional sources of revenue that funded any part of this project, including those coming from your organization, please note them. **Exclude HST – grant funding does not cover sales taxes.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense Item** | **$ approved by CSCF** | **Actual Cost** | **$ funded by your organization or other funders** | **$ Spent locally (Trent Hills)** |
|       |  |       |       |       |
|       |  |       |       |       |
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|       |  |       |       |       |
| **TOTAL PROJECT EXPENSES** |  |  |  |  |

**Please keep all receipts for project expenses** as the CSCF reserves the right to conduct an evaluation or audit in accordance with the Grant Terms and Conditions, Item #11.

**Recognition of Grant**

How was the Campbellford/Seymour Community Foundation acknowledged for its support? Please check all that apply:

[ ]  Acknowledged CSCF support in publications and/or promotional materials

[ ]  Recognized CSCF support on website and/or social media. Copy & paste url -

[ ]  Provided link to CSCF website. Copy & paste url -

[ ]  Used CSCF logo in print, promotional material and/or website

[ ]  Displayed recognition plaque or other signage in a public location

[ ]  Gave verbal acknowledgement of CSCF funding during presentations, etc.

[ ]  Other – please specify:

**Attachments**

[ ]  High resolution digital photographs of any resources or materials created with grant funds

[ ]  Photographs or video of the project with names of individual(s) appearing so that we can cross-reference to the consent. Credit any person who has taken the photo or video.

[ ]  Signed or emailed consent forms for each individual appearing in photographs or video

* Sample Permission Statement:
*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission to the Campbellford/Seymour Community Foundation and persons acting for or through them, the right to use, reproduce and/or distribute this testimonial and photographs provided by me for the purposes of promoting the Campbellford/Seymour Community Foundation and its funding initiatives through its website, social media, or printed material.*

*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please save your Impact and Accountability Report as: *Organization* -*Year-Project Name-Report Name. (E.g., Beehive-2017-Music for Tots-Impact Report)*

Email the completed Impact and Accountability Report and any attachments to admin@cscf.ca within 30 days of project completion.

If you have any questions about preparing your report, please call our office at (705) 653-2005.