



**Section A: Organization Information**

**1** Name of Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact Information \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEBSITE (IF APPLICABLE) \_\_\_\_\_

**2** Description of your project

**3** Describe how the community benefited from your project

**4** Please evaluate the success of your project. Describe the tools used to measure the success of your project. Include any suggestions for improvement:

**5 Final Statement of Revenue and Expenses**

Revenue Source	Name of Funding Source	Assured Revenue	Total Revenue
Your Organization			
In Kind Contributions (provide details)			
Other			
Other			
Other			
Total Revenue (all of the above listed sources)			
\$ Amount received from Coaldale Community Wellness Association Ltd.			

**Project Expenditures**

Description of Expense (provide details)	Amount (In Kind)	Amount (Cash)	Total Expense
Total Expenses			

**6** Any additional information or relevant photos you wish to include/attach to celebrate the completion of your project.

Please complete the **FINAL REPORT** template and deliver to:

Coaldale Community Wellness Association Ltd.

Box 1334

Coaldale, Alberta

T1M 1N2

Or Fax to: (403) 345-6916

Or E-mail to: [info@coaldalewellness.com](mailto:info@coaldalewellness.com)