



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