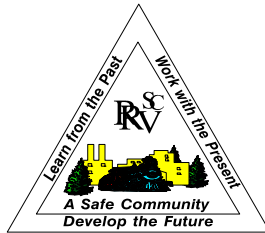




Project Report



Please ensure the information is accurate, clear and concise.

Part A – About your Group

Name of Group	
----------------------	--

Part B – About your Project (the areas below will font down to allow for your documentation)

Project Name:
What was your project Goal(s)?
Explain how your project met at least one of our Priorities:
Explain how your project fell within the goals of Safe Communities Rainy River District:
What prompted you to undertake this project endeavour? (Give statistics, research and/or any other information that lead you to identify a need for such a program)
Identify the specific target group(s) your project covered?
What dates did your project run?
In what community (ies)?
Total number of participants in your project
Please provide a brief description how your project ran. (Be precise and factual, identifying who did what, how they did it, and how volunteers fit into your project. List resources and materials, displays and how they fit into your activities)
Explain the impact your project had in the community(s)

<p>Did your project meet your expectations? Yes _____ No _____ Please explain</p>
<p>How did you plan to measure your accomplishments?</p>
<p>Was your project a success? Please explain</p>
<p>Will this project be sustainable?</p>
<p>What other partners were involved in your project and what resources did they bring into the project?</p>
<p>Do you see your group in partnership with Safe Communities Rainy River District?</p>
<p>Did you promote the Safety Coalition during your project? Yes _____ No _____ Please Explain</p>

Part C – Other sources

<p>Please report other sources of funds for your project, including the contributions your group contributed to this project?</p>
--

Name of Contributor	Item	Cash \$\$	In-Kind \$\$
Your Groups Contributions			

Part D – Please Provide a Detailed Project Budget

(From SCRRD) (Other Sources
and your Group)

Item	Requested Funding	Cash Received	In-Kind Received	What was the Total Item expense
<u>Administration Costs</u> _____				
<u>Materials & Supplies</u> 				
<u>Printing & Advertising</u> 				
<u>Utilities/Rent</u> 				
<u>Fees for service</u> 				
<u>Capital</u> 				
<u>Other</u> _____ _____				
Total				

Please ensure the totals of the rows and columns are accurate.

If there are unused resources please explain what you plan to do with these resources (money, hand outs etc)

Part E – Signing Authority

Applicant Name	Position/Title	Signature	Date (yyyy/mm/dd)

For Safe Communities Administration:

Comments:

Signature of Chair:

Date:
(yyyy/mm/dd)