



Final Funding Project Report

Name of Applicant:	
Project Name:	
Address:	Phone:
Contact Person:	Email:

Total Contribution approved: _____

1. Description of Project:

2. Participation:

Participant Group	Number of Participants
Elders (65+)	
Youths (25 or younger)	
Women	
Men	

3. Rationale:

What worked well?

What improvements would you make if you were to run this project again?

Were the desired goals/results achieved?

Receipts : (Please attach all receipts, vouchers, etc.)

Receipt #	Description:	Amount:

Total amount of receipts: \$ _____

Final payment required: \$ _____

I hereby declare that above information to be true to the best of my knowledge.

Signature: _____

Date: _____

KIA use only:

Dept of Social & Cultural Development review:	
Date rec'd:	Date reviewed:
Approval of Final Payment: Yes / No	
Comments:	