

Grant Claim & Final Report

Instructions:

Please complete this form after your project is finished and you have purchased all necessary items.

Submit this form along with copies of your receipts/invoices to receive your reimbursement cheque.

Submit to: ntcommunitiesfoundation@gmail.com or PO Box 121, Clearwater BC V0E 1N0

SECTION 1: PROJECT INFORMATION

Organization Name: _____

Project Name: _____

Grant Amount Approved: \$_____

Date Project Completed: _____

SECTION 2: IMPACT REPORT (The "Good News")

Please briefly tell us how the project went. We use this information to tell our donors where their money is going.

1. Brief Summary:

What did you accomplish? (e.g., "We built 3 new garden beds and hosted a planting workshop.")

2. Who Benefited?

Approximate number of people served: _____

(e.g., 50 seniors, 200 students, the general public)

3. Success Story / Quote:

Is there a specific moment or comment from a participant that highlights the success?

SECTION 3: FINANCIAL CLAIM (The Receipts)

List the expenses you are claiming for reimbursement. The total cannot exceed your approved grant amount.

Date	Vendor / Store	Description of Purchase	Amount (\$)
<i>Ex: Jan 15</i>	<i>Home Hardware</i>	<i>Lumber and screws</i>	<i>\$450.00</i>
			\$
			\$
			\$
			\$
			\$
(A) TOTAL EXPENSES	\$		

(B) GRANT APPROVED:	\$		
TOTAL REIMBURSEMENT CLAIM:	\$		
<i>(Enter the lower of A or B)</i>			

SECTION 4: ATTACHMENTS CHECKLIST

Please ensure the following are attached to this form:

Copies of Invoices/Receipts: Must clearly show the date, vendor, and item purchased.

Proof of Payment: (Optional but recommended) Copies of cancelled cheques or bank statement highlights showing the vendor was paid.

Photos: Please attach 1-3 high-quality digital photos of the project in action or the item purchased.

o Permission: By submitting photos, you grant NTCF permission to use them in our annual report and social media.

SECTION 5: DECLARATION

I certify that the information provided in this report is accurate and that the expenses claimed were incurred for the project approved by the North Thompson Communities Foundation.

Signature of Authorized Officer: _____

Date: _____