



The Corporation of the  
Town of Cobourg  
Victoria Hall  
55 King Street West  
Cobourg, ON K9A 2M2

**Municipal Grant Report Form**  
**Policy No. FIN-ADM1**  
**Form 2**

**PART I**  
**APPLICATION**

This form must be completed within three (3) months after the completion of the project, program or event, or by September 30<sup>th</sup> of the following year your grant was received. Any organization that does not complete and submit this form will not be considered for grant funding in subsequent years.

**1. ORGANIZATION INFORMATION**

<b>Name of Organization:</b>		<b>Contact Person:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>E-Mail:</b>			

**2. REPORT**

<b>Date of project, program or event:</b>	<b>Location of project, program or event:</b>
<b>Briefly describe the project, program or event for which the organization is reporting on:</b>	
<b>Describe how anticipated goals and objectives were met including performance measurements:</b>	

**How many people participated in or attended the project, program or event? How many paid attendees? What was the average age?**

**Explain how your organization's proposed activity or service will fill a need in the Town of Cobourg and/or the impact and benefit it will have within the Community:**

**Describe how the greater community benefited, include both the short and long term positive outcomes to the Town of Cobourg.**

**Was the project/program/event a success? How is this success measured? If not a success, describe why not.**

**Please provide any other additional information pertinent to your Report:**

### **3. REPORT CHECKLIST**

**A copy of the following should be attached to this Report:**

**Financial Verification Report**

## PART II AUTHORIZATION

This Report must be signed on behalf of the organization by two (2) authorized officers. Reports signed by only one person will be declined as incomplete.

**We the undersigned, certify that, to the best of our knowledge, the information provided in this Municipal Grant Report Form is factual and correct and is endorsed by the organization which we represent:**

Print Full Name	Signature	Date (YYYY/MM/DD)
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Print Full Name	Signature	Date (YYYY/MM/DD)
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### Personal Information Collection Notice

Personal information, as defined in the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), is collected under the authority of the *Municipal Act, 2001*, and in accordance with MFIPPA. Personal information on this application will be used for the purpose of selection of applicants for community grants. The information contained in this Application may be subject to disclosure under the MFIPPA if circumstances warrant. Questions regarding the collection, use, and disclosure of this personal information may be directed to Brent Larmer, Municipal Clerk, at 905-372-4301 extension 4401, or at [blarmer@cobourg.ca](mailto:blarmer@cobourg.ca).

## PART III

### SUBMISSION OF APPLICATION

Please return the completed Application and its attachments to the Legislative Services Department in person or by mail, fax or e-mail:

#### **Mail or in Person**

The Town of Cobourg  
Legislative Services Department  
Victoria Hall  
55 King Street West  
Cobourg, ON K9A 2M2

Business Hours: 8:30 a.m. to 4:30 p.m.

#### **Fax**

905-372-7558

#### **E-Mail**

[clerk@cobourg.ca](mailto:clerk@cobourg.ca)

If you have any questions or concerns, or require additional information, please contact Robyn Bonneau, Legislative Services Department, at 905-372-4301 extension 4402, or at [rbonneau@cobourg.ca](mailto:rbonneau@cobourg.ca).