

Schedule B



Town of Lac du Bonnet Community Grant Program Follow-Up Report

1. Grant Recipient Information

Organization Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

2. Grant Details

Grant Category (check one):

Special Events & Festivals Support

Operational Support

Capital Acquisition Support

Amount Received: \$ _____

Date Received: _____

3. Use of Funds

Please describe how the grant funds were used:

4. Outcomes Achieved

Please describe the outcomes or impact of the funded initiative:

5. Financial Summary

Please provide a brief summary of expenditures related to the grant:

6. Declaration

I hereby declare that the information provided in this report is accurate and complete to the best of my knowledge.

Name: _____

Signature: _____

Date: _____