



**Terrace Community Foundation**  
 PO Box 133 Terrace, B.C. V8G 4A2  
[www.terracecommunityfoundation.com](http://www.terracecommunityfoundation.com)  
[info@terracecf.ca](mailto:info@terracecf.ca)

## Grant Final Report

A final report is required as a condition of receiving a grant from the **Terrace Community Foundation** (TCF). This feedback helps us learn about what makes your organization successful and how we both have met our common goal of service to the community. We may share the project information with donor(s) that funded your organization.

This final report can be downloaded off our website at [www.terracecommunityfoundation.com](http://www.terracecommunityfoundation.com). You may provide this evaluation electronically by email. Consider including photos, stories and testimonials to illustrate how this grant made an impact on your organization and the community. (Photos may be used by the Foundation for publicity purposes. Only submit photos for which you have ownership rights and in which subjects have given their approval.)

Name of Grant Recipient:	
Project Name:	Terrace Community Foundation File Number:
Mailing Address:	Project Address/Location (if different from Mailing Address):
Email address:	
Total Project Cost:	Approved TCF Grant Amount:

### Project Income and Expenses

It is not necessary to send receipts, invoices or cancelled cheques. Your association/organization should retain this information in the event of an audit. Complete the table below or submit the relevant information in a separate attachment.

Project Income		Project Expenditures	
Description	Funds	Item	Costs
TCF Grant			
Other funding			
Your contribution			
Donations in kind			
Volunteer Service			
<b>Total</b>			

### Project Outcomes

Please tell us how this project benefits your organization and our community.

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### Grant Recognition

Please tell us how the financial contribution from the Terrace Community Foundation was recognized (e.g., TCF logo on signs, project printed materials, etc.).

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### Authorization

An association/organization member who is authorized to submit this report must sign this form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Position/Title

Phone Number