



Community Foundation of Portage and District Inc.  
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 Phone: 204-856-1971

## GRANT EVALUATION REPORT

The Grant Evaluation Report is required as a condition of receiving a grant from the Community Foundation of Portage and District within 90 days of spending the grant funds. The report helps us learn about how the grant helped your organization succeed and how we can both meet our common goal of service to the community. We share the project information with our donor(s) & the community at large.

### Reminders:

- The grant funds must be spent within 12 months from the date of approval.
- Receipts for all capital expenses must also be submitted with the Grant Evaluation Report.
- Please include digital photos illustrating the project funded by the grant

Failure to abide by any conditions the CFPD may impose may result in the Grant Funds having to be paid back to the CFPD, and may impact your Organization's eligibility to receive future Grants from the CFPD.

<b>Name of Grant Recipient:</b> _____	
<b>Project Name/Purpose:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>Postal Code:</b> _____
<b>Email:</b> _____	
<b>Total Project Cost:</b> _____	<b>Grant Amount Received:</b> _____

### PROJECT INCOME AND EXPENSES

It is necessary to include receipts, invoices or cancelled cheques.

Project Income		Project Expenditures	
Description	Funds	Items	Cost
CFPD Grant			
Other			
Your Contribution			
Donations in Kind			
Volunteer Services			
<b>Total project Income</b>		<b>Total Expenditures</b>	



4. Publications and promotional materials relating to this project produced by grantees should carry an acknowledgement to CFPD including our logo when possible. **How was CFPD given recognition for the grant provided to your organization?** Please send a copy of any published references to the grant along with this report.

**SIGNATURES**

Two association/organization members, with signing authority, must sign this form. By signing below, you are validating the accuracy of the information in this report and giving permission to CFPD to share the information and pictures publically.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date