



# Township of Clearview Community Assistance Grant & Sponsorship Final Report

## Intake Period

Please check which intake period your organization received funding for:

Funding Year: \_\_\_\_\_ First Intake (February)  Second Intake (September)

Amount Received: \$ \_\_\_\_\_

## Organization Information

Name of Organization	
Contact Person Name	
Email Address	
Mailing Address	
City/Town	

## Purpose/Initiative Funds Were Used For

Please describe in detail how the funding received by the Township was used. In addition to the detailed description, we encourage organizations to include pictures, videos, advertisements, marketing material, etc. Visual representations are always welcome!

**Number of participants, attendees, audience members:**

**The Final Report is required to be submitted before your organization will be considered for any future funding under the Community Assistance Grant and Sponsorship program.** If you received funding for the first intake period, that final report must be submitted prior to being considered for funding for the second intake period.

Please submit your final report by email to the Clerks Department [clerks@clearview.ca](mailto:clerks@clearview.ca). If you have any questions, please contact the Deputy Clerk at (705) 428-6230 ext. 223.

**Notice of Collection:** Please be advised that this final report will complete the organization's funding application for the specific intake period. This final report will be used by the Clerks Department to determine that organizations have complied with the Community Assistance Grant & Sponsorship policy for future funding requests.