

Community Sport Fund Final Report

Please email completed final report, including three (3) photos to
CommunitySportFund@gov.nl.ca.

Applicant Information	
Name of your Municipality, Local Service District, or Inuit Community Government:	
Address:	
Contact Name:	Title/Position:
Telephone:	Email:

Project/Initiative Information	
Name of Project (as per funding letter):	
Amount Received:	
Approximately how many people have benefited from this project/initiative?	Number of sessions that occurred as part of this project/initiative:
What age group(s) have benefited from the project/initiative?	
<p>0-4 <input type="checkbox"/> 5-17 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75+ <input type="checkbox"/></p>	

Share a brief summary of activities that were funded through the Community Sport Fund and how they increased sport, active recreation and/or physical activity:

Financial Report	
Expenses	Amount
Total:	

Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of program administration and assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department of Tourism, Culture, Arts and Recreation at 709.729.7000

Authorization

The Department of Tourism, Culture Arts and Recreation (TCAR) may require that an audit be undertaken to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to TCAR or becomes a debt due the Crown.

I hereby certify that the information contained in this Final Report and any attachments are complete and accurate, and that funds were used only for the purpose of the project described above and as approved.

Name of Signing Authority:

Title:

Email:

Telephone:

If the report is emailed, typing the name below will satisfy the signature requirement.

Signature of Signing Authority

Date

Office Use Only

- Final report reviewed
- Receipts reviewed/verified
- Photos received/reviewed

Reviewed by (signature): _____ Date: _____