



EVALUATION REPORT

Please note that this evaluation form **must** be submitted to the Department of Parks and Recreation to the address below and received **before** any other grant applications are submitted.

- a) **Organization:** _____
- b) **Contact person:** _____
- c) **Name of event:** _____
- d) **Date of event:** _____
- e) **Number of participants:** _____
- f) **Number of volunteers:** _____

How successful was your event/project?

Did your event reach its intended group and goals?

Were the funds received used for their intended purposes? Please explain.

Actual budget

ACTUAL REVENUES	Funding	In-kind services
a) Governments:		
i) Municipal	\$	\$
ii) Provincial	\$	\$
iii) Federal	\$	\$
b) Fundraising (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
c) Donations / other grants (please include volunteers and services in-kind)	\$	\$
d) Attendance fee	\$	\$
e) Other revenues (specify)		
i)	\$	\$
ii)	\$	\$
TOTAL REVENUES	\$	\$
ACTUAL EXPENSES	Expenses	In-kind services
a) Salaries and wages	\$	\$
b) Rental costs	\$	\$
c) Equipment and furnishings	\$	\$
d) Office supplies and services	\$	\$
e) Transportation	\$	\$
f) Advertising	\$	\$
g) Translation	\$	\$
h) Other (specify)		
i)	\$	\$
ii)	\$	\$
TOTAL EXPENSES	\$	\$
ACTUAL SURPLUS OR (DEFICIT)	\$	\$
ACCOUNT BALANCE AT THE END OF ACTIVITY	\$	\$

If your actual budget shows excess revenues, please specify how the surplus will be allocated.

Completed by: _____ Title: _____

Signature: _____ Signature: _____
(President, Director or Designate) (Director or Designate)