Evaluation Report Form

District of Clearwater
209 Dutch Lake Road
Clearwater, BC V0E 1N0
Tel: 250-674-2257 | Fax: 250-674-2173
grants@docbc.ca

Please read the Community Grant Policy for complete details.

1. APPLICANT INFORMATION			
Date submitted (mm/dd/yyyy):			
Name of Organization:			
Contact Name:			
Mailing Address:			
Phone Number:		Cell:	
Email:			
Description of Organization:			

2. TYPE OF GRANT REQUESTED	
☐ Community Grant over $2,500	☐ Large Community Grant
Amount granted by the District of Clearwater:	**$**

3. EVENT/ PROGRAM INFORMATION	
Name of Event /Program/Project:	
Date of Event/Program (mm/dd/yyyy):	
Location of Event/Program/Project:	

Purpose/Description of Event/Program/Project: (If additional space is required, attach separate sheet or cover letter)	
Actual community attendance:	
Attendance mostly from Clearwater residents or outside of Clearwater boundaries? Please explain.	
Fees charged for attendance (if any):	
Actual number of participating volunteers:	
Have you received or requested any other grants for the same purpose from any other organizations or levels of government? If yes, attach amounts requested and received.	Yes ☐ No ☐

4. Community Benefits and Financial Information
a. Please explain the benefits and feedback from the community once the Event/Program was held/completed.

b. Provide a breakdown of the actual full costs incurred for the Event/Program vs budget	Attach ☐
c. For **Large Community Grants;** provide supported documentation (e.g., invoices, contracts, receipts, etc.)	Attach ☐
d. Would you consider hosting the same Event/Program next year? Explain below	Yes ☐ No ☐
e. Any additional comments/feedback?	

_____ _____

Signature Date signed (mm/dd/yyyy)

_____

Print name and title

For questions, please email grants@docbc.ca or contact the Director of Finance, Linda Klassen.