

A completed final report for the Community Food Access and Literacy (CFAL) Fund is complete once the following have been received:

- All questions have been answered to the best of your knowledge and ability. You may use a separate attachment to complete your answers if necessary.
- The financial report (Section 3) is complete and relevant documentation is attached.
- Where applicable, supporting documents such as testimonials, news articles, and photos are included.
- Copies of any project documents, reports, or participant feedback/evaluation results are included.

SECTION 1: ORGANIZATION OVERVIEW					
Name of Applicant Organization					
Project Title					
Contact E-Mail			Contact Phone #		
Application File Number (Found in Terms and Conditions letter)			_		
Project Theme (select all that apply)		Community gardens and food access Food literacy	Funding Tier		Tier 1 (\$2,500 or less) Tier 2 (\$2,501 to \$5,000)
Project Start Date			Project End Date		

SECTION ONE: Answer the following statements based on your level of agreement (circle one answer per statement):

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This funding allowed my organization to provide improved food access to vulnerable Nova Scotians.					
This funding allowed my organization to build its capacity to improve participants' food literacy knowledge and skills.					
This funding helped my organization address a need within the community.					

Please comment here on any of the above statements

	SECTION 2: PROJECT REVIEW – Please answer the following questions by filling in the blanks or selecting from one of the options provided. Use a separate sheet if necessary.				
1)					
2)	W	ere your intended project goals successfully achieved?			
		re your intended project goals successfully achieved?	□ No		
	a)	If yes, how do you know?			
	b)	If not, what actions or activities are left to complete?			
	5)	in hot, what actions of activities are left to complete:			
3)	a)	For this project, who did you serve? (check all that apply)	b) How many? (list number below)		
		Families			
		Youth			
		Older adults			
		Seniors			
		□ Individuals			
		□ Other (please specify):			
4)	W	at were the main activities organized for this project (check all that apply)?			
		Workshops/Training			
		Food delivery (e.g., fresh produce)			
		Community gardening			
		□ Other (please specify):			
	D	u ide e brief description of your synaptic security these estivities. For even als			
5)		ovide a brief description of your experience with these activities. For example, I plan them again or what would you do differently?	if you organized workshops, would		

6)	What geographic area(s) (i.e., town or community) participat	ted in or benefited from th	e project?
7)	Did you rely on volunteers to support your project?	□ Yes	□ No
8)	If yes, how many? #		
9)	Provide a few comments on the roles and responsibilities of the second s	ne volunteers involved in y	our project, if applicable.
10	) How did you acknowledge the Department of Communities, C copies of any printed materials on which the logos were inc		age's financial contribution? (attack
11	) Is there anything else you would like to share about the projec	ct? If so, please comment	below.

## SECTION 3: FINAL FINANCIAL INFORMATION

Note: Your expenses and revenues should be equal amounts (i.e., balanced). Provide detailed notes where possible. Attach a separate budget table if necessary.

FINAL PROJECT BUDGET EXPENDITURES				
Budget Item	Total Cost of Item	Cash Spent (\$)	Provide Details	
Administration				
Rentals and Purchases				
Travel				
Resources and Supplies				
Professional Fees				
Honouraria				
Marketing				
Other				
TOTAL EXPENSES				

FINAL PROJECT BUDGET REVENUES (this section is required for Tier 2 projects)					
Sources of Funding	Cash (\$)	In-Kind (\$)	Provide Details		
Organization					
List Other Sources:					
CCH Funding Total					
TOTAL REVENUES					

I consent to the sharing of information contained in this final report with other government departments, organizations or contractors that the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) has a data sharing agreement with.

I confirm that I am authorized to submit this final report on behalf of my organization or Mi'kmaw Band and that the statements in the report are complete and accurate, to the best of my knowledge.

I am aware that information I have provided in this final report is subject to the Freedom of Information and Protection of Privacy Act, and any request for my personal information requires my written consent before it can be shared with a third party.

By signing below, you accept all the consent statements above that are applicable to you as a representative of an organization or Mi'kmaw Band.

Signature	Title (if applicable):
Print Name	Date

## Send or submit your completed final report by mail, email, or fax on or before its due date, which can be found in your Terms & Conditions

Mail:

CONSENT

Communities Nova Scotia Unit Department of Communities, Culture, Tourism and Heritage PO Box 456 STN Central 1741 Brunswick Street, 3<sup>rd</sup> Floor Halifax, NS B3J 2R5

## E-Mail:

CommunitiesNS@novascotia.ca Include "Community Food Literacy & Access Fund" in the subject line

Fax:

(902) 424-0710

For questions, please call the phone number below:

(902) 424-5793