Please ensure information entered below matches original, submitted project application

Name of Grant Recipient

CCTH Project File Number (please refer to approval letter)

Address for Project Location (where project took place)

Mailing Address (if different from above)

Project Description

Contact Name

Title

Business Phone

Cell Phone

Facsimile

Email

Please answer the following questions to help us evaluate the impact, current iteration and potential for this program

Q1 – Describe what improvements were made as a result of this grant?

Q2 – Are the accessibility improvements undertaken as a result of this grant functioning as designed?

Q3 - To what extent does this project contribute to increased access and use for people with disabilities?

Q4 – If applicable, what challenges or barriers did you experience in making the accessibility related improvements?

Q5– How could CCTH improve the Community ACCESS-Ability grant program with regards to technical support, consultation, guidelines, intake, application and approval process, etc…?

Q6 - Do you feel this program and its' application and approval process was easy to understand and timely in its' processing? Yes/ No / Unsure

Q7 – How did you find out about the program?

Q8 - Did the program meet your needs? If not, how could the program be enhanced to better meet your needs?

Please include the following, as attachments to this final report:

- photos of the completed project. If available, please provide before and during construction photos as well.
- And if applicable, copies of any inspection reports or permits issued such as occupancy permits or final inspections.

Community ACCESS-Ability Program Financial Log
Please include all revenue, donations or In-Kind contributions. Attach copies of all In-Kind contribution logs.

Item #	Supplier	Item Description	Receipt/Cheque #	Amount
		TOTAL REVENUE		

Please include all project expenses. Attach copies of all transactions in form of receipts, cancelled cheques or paid invoices.

Item #	Paid to	Item Description	Receipt/Cheque #	Amount
		TOTAL EXPENSES		

Total Revenue _____
Total Expenses +_____
Total Project Costs =_____

Declaration

The information provided in this final report and included in the above itemized financial statement represents the total costs of the accessibility project and captures all expenditures related to the project. All documentation will be held for a period of 5 (5 years from the date of this statement and may be requested by the Province at any time during that 5 year period.

I hereby give the Province of Nova Scotia authority to verify all information pertaining to this application. I understand that projects which are funded may be subject to audit by the Province of Nova Scotia, who reserve the right to review and inspect projects and related documentation during and following completion, as outlined above, of the project.

Client Representative_____

Title_____

Date_____

Please forward your final report via e-mail, fax, or mail to:

Community ACCESS-Ability Program

c/o Wayne Matheson**,** Accessibility Coordinator, CCTH

1741 Brunswick St., 3rd Floor

P. O. Box 456, STN Central

Halifax, Nova Scotia

Canada   B3J 2R5

Tel: 902-424-4408

Fax : 902-424-0710

E-mail : sbaccess@novascotia.ca

For Departmental Use Only

Total Grant Awarded = Click or tap here to enter text.

Initial Payment = Click or tap here to enter text.
Date Requested - Click or tap here to enter text.
Requested by - Click or tap here to enter text.

Final Payment = Click or tap here to enter text.
Date Requested - Click or tap here to enter text.
Requested By - Click or tap here to enter text.