

Final Report

Organization:	
Date:	
Type of Project	
Project Cost Estimate (as per application)	
Approved Grant Amount	
Contact Name:	
Address:	
Email:	
Telephone:	

1. ITEMIZE TOTAL COST OF PROJECT

	Item	Paid To	Receipt/Cheque No.	Amount
A.				
B.				
C.				
D.				
E.				
F.				
			TOTAL	

Please give a brief description of the work completed:

Please include a copy of engineering report or assessment

2. Certification (2 signatures required)

The above itemized Final Report represents the total costs of the entire project, as approved for a grant by Department of Communities, Culture and Heritage, and it is understood that the group will retain all cancelled cheques, paid invoices or receipts to the full amount of the approved grant for a minimum of seven (7) years.

Signature		Signature	
Name		Name	
Position		Position	
Date		Date	

3. FOR DEPARTMENT USE ONLY

(a) The above itemized Final Report represents the total costs of the entire project, as approved for a grant by Department of Communities, Culture and Heritage, and it is understood that the group will retain all cancelled cheques, paid invoices or receipts to the full amount of the approved grant for a minimum of seven (7) years.

Signature _____ Name _____

Position _____ Date _____

Additional Comments _____

(b) Final Payment Requisition

Advanced Amount: \$ _____ Amount Due: \$ _____

Date: _____

Please send to:

cchtrailgrants@novascotia.ca

Abby Brothers

80 Walker Street, Suite 1 Truro,
NS B2N 4A7

Phone: 899-6548