**Age-Friendly Newfoundland and Labrador Communities Program**

**Status Report**

Alternate formats available upon request.

# Applicant

# Name of Applicant: Click or tap here to enter text.

# Status Report completed by: Click or tap here to enter text.

# Position: Click or tap here to enter text.

# **Phone Number:** Click or tap here to enter text.

# **Email Address:** Click or tap here to enter text.

# Project Information

# Title: Click or tap here to enter text.

# Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

# Total project cost: Click or tap here to enter text.

# Did you receive funding for this project from any other sources? Yes NO

# If yes, please describe Click or tap here to enter text.

# Summary of Activities and Outcomes

# Please provide a summary of the activities that were undertaken thus far including outcomes, main accomplishments, promising practices, and lessons learned etc.

Click or tap here to enter text.

# Community Partners

# Please list all partners, including how each contributed.

Click or tap here to enter text.

# Engagement of Seniors

Describe the participation by seniors and/or elders.

Click or tap here to enter text.

# Sustainability and Monitoring Age-Friendly Progress

How do you plan to sustain the benefits of this project?

Click or tap here to enter text.

# Additional Information

Please use this space to add any additional comments.

Click or tap here to enter text.

Optional

Photos of the project

Media clippings

Other reports or document

# Financial Summary

| **Item** | **Budgeted** | **Actual** |
| --- | --- | --- |
| **REVENUES** | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL - REVENUES** | Click or tap here to enter text. | Click or tap here to enter text. |
| **EXPENSES**. | | |
| **Cash Expenses** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Subtotal – Cash Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
| **In-Kind Expenses** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Subtotal - In-Kind Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL - EXPENSES** | Click or tap here to enter text. | Click or tap here to enter text. |

# Certification

I certify that the expenses identified in the attached financial summary: (1) have been incurred and paid; (2) are attributable to the project; (3) are eligible; and (4) are net of tax and any other rebates.

In addition, I certify that: (1) the project is complete; (2) all revenues generated from the project have been declared; and (3) all eligible portions of all other grant contributions for the project have been declared.

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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