

**Seniors' Social Inclusion Initiative Final Report**

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| **SECTION 1: Project Report** |
| Name of organization: |
| Address: |
| File Number (located in top right-hand corner of funding letter): APP- |
| Amount Received: |
| Describe how the funding was used including how many people benefited from the funding and how the funding helped support the social inclusion of seniors and/or intergenerational activities: |

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| **SECTION 2: Financial Report**  Please provide details on how your funding was spent below. While submission of receipts is not required, receipts should be kept on file, as they may be requested at a later date. | |
| NOTE: Gift cards, capital expenditures, salaries/honoraria, scholarships, fundraising contributions/donations, uniforms/clothing, furnishing of large prizes (for the purpose of fundraising, etc.), office equipment, alcohol/cannabis products, walking trails, costs associated with normal annual organizational expenditures such as monthly rent or insurance (e.g. for a clubhouse), telephone or internet, and expenses incurred prior to submission of the application are not eligible for funding**.** | |
| **Expenditure item(s)** | **Amount** |
| Food |  |
| Event/activity space rental |  |
| Materials/Supplies |  |
| Transportation |  |
| Technology |  |
| Other (please specify) |  |
| **Total** |  |

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| **SECTION 3: Privacy Notice** |
| The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of program administration and may be subject to an access to information request. If you have any questions regarding collection, use and disclosure of your personal information, please contact 709-729-6370. |

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| **SECTION 4: Certification** | |
| The Department of Children, Seniors and Social Development (CSSD) may request receipts at any time to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to CSSD or becomes a debt due the Crown.  I hereby certify that the information contained in this Final Report and any attachments are complete and accurate, and that funds were used only for the purpose of the project described in the application and as approved. | |
| Name of Signing Authority: | |
| Title: | |
| Email: | Telephone: |
| **If the report is emailed, typing the name below will satisfy the signature requirement.**    Signature of Signing Authority Date | |

Final Reports must be submitted no later than 30 days after the event or activity has ends.

Email your Final Report to [aging-and-seniors@gov.nl.ca](mailto:aging-and-seniors@gov.nl.ca)

or mail to:

Seniors’ Social Inclusion Initiative Department of Children, Seniors and Social Development

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