

Community Healthy Living Fund Final Report

- Final Reports are due 30 days after the project has been completed.
- Please note that a separate Final Report is required for each project funded.
- Email your Final Report to chlf@gov.nl.ca

SECTION 1: Project Report			
Name of Organization:			
Address:			
Name of Initiative (as per funding letter):			
File Number (located in top right-hand corner of funding letter): APP-			
Amount Received:			
Date Project Started:	Date Project Ended:		
Describe how the initiative has helped to inceating:	crease physical activity and/or healthy		
How many people participated or will benef	it from this initiative?		

What age group(s) were the majority of participants? Check all that apply:					
0-4	5-17	18-35	36-49	50-75	75+
How many com	nmunity volun	teers participa	ated in your ini	itiative:	
How many com	nmunities part	ticipated in or	will benefit fro	m this initiative	e?
Please list community partners that helped to make your initiative a success:					
Doscribo what	vou would co	nsider to be th	no most signifi	cant success (of this initiative.
Please include					or triis iriitative.
Were there any that you would			faced through	implementing	this initiative
, ,					
Does your com		•		•	• •
activity and/or left			•	it your project/	project has
20011 complete	a , 500 pioc	aco provido de	, tono		

SECTION 2: Financial Report					
Receipts are required to be submitted for Supportive Environments projects only; however, you are required to keep receipts on file for all initiatives, as they may be requested at a later date.					
Revenue	Planned	Actual			
Expenses	Planned	Actual			

Please attach additional information about your project as we are interested in seeing how your project has helped your community increase physical activity and the rate of vegetable and fruit consumption. Please include photographs, newspaper articles, quotes from individuals, etc. to showcase the effectiveness of your project.

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 assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department Children, Seniors and Social Development at 709.729.6370.

SECTION 4: Certification

The Department of Children, Seniors and Social Development (CSSD) may require that an audit be undertaken 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 above 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			

For assistance in completing this report please contact:

Linda Roberts, Community Recreation Consultant
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Department of Children Seniors and Social Development

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