

Community Healthy Living Fund Final Report

SECTION 1: Project Report		
Name of Organization:		
Address:		
Name of Project (as per funding letter):		
File Number (located in top right-hand corner of funding letter): APP-		
Amount Received:		
Date Project Stated:	Date Project Ended:	
Did your project support (check all that apply):		
increased physical activity rates increa	sed vegetable and fruit consumption	
Describe how the project has helped to incleating:	rease physical activity and/or healthy	

How many people participated in this project (if applicable):		
Describe what you would consider to be the most significant success of this project:		
Were there any significant challenges that you have faced through implementing this program/initiative that you would like to share?		

SECTION 2: Financial Report

Receipts are only required for Supportive Environments projects; however, you are required to keep receipts on file, 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 it 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.

Final Reports must be submitted no later than 30 days after the project has ended. Please note that a separate Final Report is required for each project funded.

Email your Final Report to chlf@gov.nl.ca

Date

Signature of Signing Authority