



**City Enrichment Fund
SPORT AND ACTIVE LIFESTYLES PROGRAM
Final Report & Evaluation**

Submit one signed copy prior to February 1, 2021 to:

Attention: Deb Mawdsley - City Enrichment Fund
via email: deborah.mawdsley@hamilton.ca

Deb Mawdsley: 905.546.2424 ext. 4143

Report Requirements

- Use the report forms provided (Final Report and Budget Sheet)
- All text material must be on single-sided 8.5" x 11" white paper
- Use a typeface no smaller than 11 point
- Incomplete or late reports may affect your eligibility for future funding

Deadline: February 1st 2021 ~ unless advised otherwise

- DO NOT PRINT THIS PAGE -



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*Organization name:	
Funding stream:	
Program/Project name:	

**Include legal name if different from the organization name*

Amount of grant request awarded:	\$
Total expenses paid towards project:	\$

Must submit program budget actuals (yearend spreadsheet)

Insert the Goals you provided in your 2020 application and complete each section.

Goal 1 (required) <i>Insert Outcome 1 from your 2020 application below</i>	
Estimated Impact: What was your estimated impact?	
Actual Impact: What was your actual impact?	
Evaluation: What did you learn and how will this impact your future program?	



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Goal 2 (required) <i>Insert Outcome 2 from your 2020 application below</i>	
Estimated Impact: What was your estimated impact?	
Actual Impact: What was your actual impact?	
Evaluation: What did you learn and how will this impact your future program?	
Goal 3 (required) <i>Insert Outcome 3 from your 2020 application below</i>	
Estimated Impact: What was your estimated impact?	
Actual Impact: What was your actual impact?	
Evaluation: What did you learn and how will this impact your future program?	



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Describe how you informed the community about the City Enrichment Fund grant received from the City of Hamilton.

I, the undersigned, have authority to represent the grantee and certify that all of the information in this report is true and complete. I certify that funds awarded have been used for the purposes described in the original application and that the grantee has abided by the policies and requirements of the City of Hamilton and/or the City of Hamilton's City Enrichment Fund.

Print Name **Title**

Signature **Date**

Complete only if any information has changed since submission of grant application.

Organization Address	
Street / Suite number	
City	
Province / Postal Code	ON
<i>Mailing Address (complete only if different from the above address)</i>	
Street / Suite number	
City	
Province / Postal Code	ON

Complete only if any information has changed since submission of grant application.

Contact Person		
Name Title		
Phone Email		