



DEEP RIVER & DISTRICT COMMUNITY FOUNDATION

PO Box 1171, Deep River, ON, K0J 1P0
<http://drdef.ncf.ca>

Form Number: GRANT_004

Date Received	Application No.
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(For office use only)

POST GRANT REPORT

Name of Organization: _____

Name of Contact Person: _____

Mailing Address: _____

Email /Telephone/Fax: _____

Signature: _____ Date: _____

Amount of Grant: _____

Brief Description of Project: _____

How was the money spent to benefit the community?

Did the project meet all of your expectations?

Could the results have been improved on and how?

When completed, mail this form to:

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