

**THE CORPORATION OF THE TOWN OF PARRY SOUND
MUNICIPAL ASSISTANCE PROGRAM
POST PROJECT REPORT**

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. TELEPHONE #: _____ E-MAIL: _____

4. CONTACT PERSON: _____

5. WERE FUNDS SPENT ON THE PROJECT IDENTIFIED IN YOUR APPLICATION?:

YES _____ AMOUNT \$ _____ NO _____ : IF NOT, WHY?

6. WHAT WERE THE BENEFITS/ENHANCEMENTS TO YOUR ORGANIZATION/ GROUP AS A RESULT OF THE FUNDING?: _____

7. WHAT WERE THE BENEFITS/ ENHANCEMENTS TO THE COMMUNITY AS A RESULT OF THE FUNDING?: _____

8. DID THE FUNDING RESULT IN AN INCREASE IN YOUR MEMBERSHIP/ PARTICIPATION? YES _____ NO _____ NOT APPLICABLE _____

9. IF YES, WHAT PERCENTAGE OF AN INCREASE? _____

10. PLEASE ATTACH A COPY OF PAID RECEIPTS CONFIRMING YOUR FUNDS WERE SPENT ON THE PROJECT IDENTIFIED IN YOUR APPLICATION, IF APPLICABLE.

