

Community Healthy Living Fund Final Report

Which category of funding are you reporting on?	
<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Programs
Supportive Environments <input type="checkbox"/> Physical Activity Equipment and Healthy Eating <input type="checkbox"/> Small Infrastructure	
Name of Organization:	
Address:	
Name of initiative:	
Amount of Grant Received:	
Date Commenced:	Date Completed:
Which one of the following categories would you consider you initiative (check all that apply):	
<input type="checkbox"/> Recreation <input type="checkbox"/> Physical Activity <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Tobacco Control <input type="checkbox"/> Injury Prevention	
Which target group below did this initiative target (check all that apply):	
<input type="checkbox"/> Child/Youth <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Community <input type="checkbox"/> Other	
How many people participated in this initiative:	
Provide a brief summary of the initiative. Identify any activities/purchases that were different from your application and why the changes occurred.	
What would you consider to be the most significant success of this initiative? Include any unexpected successes that occurred.	

How did you publicly acknowledge the Department of Seniors, Wellness and Social Development funding contribution to this initiative?

- | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Banner | <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Speeches | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other _____ |

Additional Information:

Please include as much additional information as possible. We are interested in seeing how this initiative has helped people in your community to live more healthy active lifestyles. Please attach such things as photographs, newspaper articles, quotes from individuals etc

Financial Reporting:

*Receipts are required for Supportive Environments Initiatives

Revenue:	Planned	Actual
Expenses:		
	Total:	

Certification:

I hereby certify that the information contained in this report and any attachments are complete and accurate, and that funds were used only for the initiative and expenses as approved.

Name of Signing Authority:

Title:

_____	_____
Signature of Signing Authority	Date

Final Reports must be submitted no later than 30 days after the initiative has ended.

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