



C O R P O R A T E A D M I N I S T R A T I O N

MUNICIPALLY FUNDED GRANT – YEAR END REPORTING
(Due: December 31st)

ORGANIZATION NAME: _____

MAILING ADDRESS:

(Street Address) (Municipality) (Postal Code)

CONTACT PERSON AND TITLE:

(Name) (Title)

(Phone) (Email)

TYPE OF SERVICE YOUR ORGANIZATION PROVIDES TO THE COMMUNITY: _____

AMOUNT OF FUNDS RECEIVED FROM THE DISTRICT OF MISSION: \$ _____

Please describe how your organization used the grant funds: _____

I certify that the information provided above is true and correct to the best of my knowledge.

Date: _____