

Cold Lake

FCSS COMMUNITY STRATEGIES GRANT SUMMARY REPORT

| Agency: | | |
|--|-----------------|-----------------------|
| Funds Received (\$): | | |
| Project Title: | | |
| Type of Grant Received: | | |
| ☐ Community Development Grant ☐ Special P | roiect Grant | |
| What year funds were approved: What year funds | • | |
| What year rands were approved. | word amized. | |
| | | l |
| Where were the participants from? | Number | |
| Cold Lake MD of Bonnyville | | |
| Other: | | |
| Totals | 0 | |
| | | |
| How were the funds divided? | Percentage | |
| Children (0-6) | | |
| Youth (7-18) | | |
| Families Adults | | |
| Seniors | | |
| General Administration | 0% | |
| Summary impact of the program for the community (Provide statis | | |
| | | |
| Sustainability – Are there plans to continue this program? What ch | nanges will be | implemented? |
| | | |
| Please list partnerships created through the execution of this proje | ect. Is there a | plan to continue with |
| these partnerships? | | |
| | | |
| | | |
| | | |
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| | | |

Form 51-00-27 Page 1 of 2

| What preventative outcomes were achieved – Please mark with an x | |
|---|---|
| 1 – Help people develop independence, strengthen coping skills and become more resistant to crisis. | |
| 2 – Help people develop an awareness of social needs. | |
| 3 – Help people develop interpersonal and group skills which enhance constructive relationships. | |
| 4 – Help people and communities assume responsibility for decisions and actions which affect them. | |
| 5 – Provide support that helps sustain people as active participants in the community. | |
| 6 – Provide support that helps promote, encourage and facilitate the involvement of volunteers. | |
| How was the project able to influence the preventative outcomes? | — |
| | |
| Please provide a detailed financial statement for your organization and/or the project that was funded. Please include all sources of revenue and expenditures. The Guidelines for Community Strategy Grants can be found at: www.coldlake.com > Residents > FCSS > Community Strategy Grants | |
| I certify that to the best of my knowledge the information provided in this report is accurate and the granted funds were used as requested and according to the provincial regulations. | |
| Signature (Board Chair or Executive Director) Date | |



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