



The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council Grant. The information is collected under the authority of Section 33 © of the Freedom of Information and Protection of Privacy Act and **may become public information**. Questions regarding the collection of this information can be directed to the Town office at (780)923-3331, 4801 – 50 Avenue, P.O. Box 68, Gibbons, Alberta T0A 1N0.

2025 NEIGHBOUR DAY GRANTS

Report/Accounting Statement

This report should include both a narrative and a line-by-line accounting of how the grant monies were spent.

NAME:

EMAIL: _____

PHONE: _____

MAILING ADDRESS:

NARRATIVE REPORT

Describe the impact that the grant has had on your neighbourhood:

Did money from this grant assist in connecting neighbours with one another/community building? Please explain.

Describe how you evaluate the success of this project:

ACCOUNTING REPORT:

EXPENSES:

ACTUAL EXPENSE(S) AMOUNT

TOTAL EXPENSES: \$ _____

REVENUE:

Town of Gibbons Grant:

Personal/Neighbourhood actual contribution: _____

Actual contributions from other sources (please list other sources):

TOTAL REVENUES: \$ _____

Signature of grant recipient: _____

Date:

Report must be submitted, **no later than June 27th** to:

Town of Gibbons

P.O. Box 68

Gibbons, AB

T0A 1N0

Email: kfahlman@gibbons.ca