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 Community Services at (780) 923-2374, 4801 – 50 Avenue, P.O. Box 68, Gibbons, Alberta T0A 1N0.

2025 BLOCK PARTY 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 th	e impact that the grant has had on your neighbourhood:
Did money from this grant assist i building? Please explain.	in connecting neighbours with one another/community
	
Describe how you evaluate the su	access of this project:

ACCOUNTING REPORT:	
EXPENSES:	
ACTUAL EXPENSE(S)	AMOUNT
TOTAL E	EXPENSES: \$
REVENUE:	
Town of Gibbons Grant:	
Personal/Neighbourhood actual contribution:	
Actual contributions from other sources (please li	st other sources):
	- -
	_
	_ _
	_ _
TOTAL REVENUES: \$	
Signature of grant recipient	Date

Report must be submitted, **no later than September 30th** to:

Email: kfahlman@gibbons.ca