



Municipality of the County of Pictou Municipal Services Grant Reporting Form Deadline March 31st

Name of Organization: _____

Contact Person: _____

Phone: _____; Fax: _____

E-Mail Address: _____

Value of Grant: _____

Purpose of Grant: _____

Use reverse side of form to provide additional information

TYPE OF EXPENSE	COST
Please attach copies of invoices, cancelled cheques or receipts as proof that the grant was spent for the purpose it was approved.	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
TOTAL COSTS	\$

(Please Note: Any unspent funds are to be returned to the Municipality)

$$\begin{array}{rcl}
 \$ \underline{\hspace{2cm}} & - \$ \underline{\hspace{2cm}} & = \$ \underline{\hspace{2cm}} \\
 \text{Insert Grant Amount} & \text{Insert Total Costs} & \text{Unspent Balance to be Returned to} \\
 & & \text{Municipality of Pictou County} \\
 & & \text{If negative enter \$0.00} \\
 & & \text{Please enclose cheque with this Report}
 \end{array}$$

Additional Information/Comments: _____

I hereby certify that the information contained in this report is true and accurate to the best of my knowledge.

 Signature of Authorized Individual

 Date

Failure to submit this report by March 31st will result in your organization being ineligible for any new funding until the report has been received. Organizations who require additional time to complete their project beyond March 31st must notify the Municipality in writing and receive the approval of Municipal Council. Mail completed report to Municipality of Pictou County, PO Box 910, Pictou, NS, B0K 1H0.