

Municipality of the County of Pictou Municipal Grant Reporting Form Deadline January 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 in	
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	\$
Λ	\$
5	\$
6	\$
7.	\$
8.	\$
9.	\$
10.	\$
(Please Note: Any unspent funds are to be returned to the Municipality) TOTAL COSTS	\$
- \$ = \$	
	spent Balance to be returned to Municipality of Pictou County If negative enter \$0.00
<u>Pleas</u>	e enclose cheque with this Report
Additional Information/Comments:	
I hereby certify that the information contained in this report is true and accurat	e to the best of my knowledge.
Signature of Authorized Individual Date	

Failure to submit this report by January 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 January 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.