



Terence Haight Financial Assistance Program

2022 Post Grant Evaluation Report

Organization Name: _____ Grant Amount: _____

Organization Contact: _____

Phone: _____ Email: _____

Purpose of Grant:

Who was your target audience/primary recipient? How did the grant make a difference to them?

1. Did the grant meet its objective? Y / N
2. Was the entire grant utilized? Y / N
3. If not, was the difference reimbursed to the Town? Please explain below Y / N
4. Have you attached details of spending/proof of payment (e.g. receipts) Y / N
5. Were you able to secure additional funding because of the grant? Y / N
6. Did you acknowledge the Town of Gravenhurst as a grant provider? Y / N

Please use this space to comment on your Y/N answers if appropriate and tell us how we can improve the Terence Haight Grant Application process. Thank you!

Authorized Signature: _____ Date: _____

Please expand the boxes or add additional comments you feel may be appropriate.



Terence Haight Financial Assistance Program

2022 Post Grant Evaluation Report

The completed and signed form should be emailed to
cathy.ley@gravenhurst.ca before November 30, 2021