

| | | Office Use Only: |
|-----------------------|----------|------------------------|
| | | Project Approval Date: |
| PROJECT INFORMATION | | Funding Amount: |
| Project Name | | |
| Contact Person | • | |
| Phone | • | |
| E-Mail | • | |
| Project Year | | |

PROJECT SUMMARY REPORT

| When did you start and complete your project? | |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| Please provide a brief summary of your project | Did you achieve your project/plan? If yes, what factors helped you achieve your success? |
| | If no, what factors prevented you from achieving your goal(s)? |



PROJECT SUMMARY REPORT

| T.4 1:6 | |
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| Identify any other | |
| successes achieved | |
| from this project. | |
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| II | Please rate the project from 1 to 5 (1=Poor, 5=Great) in terms of meeting project |
| How would you | |
| rate your success? | success. |
| | |
| | Rating: |
| | Nating. |
| | |
| How were SCT | If applicable, Please provide a description of how you were able to |
| | secure/leverage other sources of funding as a result of receiving funding from |
| funds useful? | the Surrender Claim Trust. |
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Please show where funds were spent – RECIEPTS ARE REQUIRED and must be included in this report as per Contribution Agreement Budget.

| xpense Item | Approved Budget | Actual | Total Cost |
|-------------|-----------------|--------|------------|
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| <u>COMMENTS</u> | | |
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PROJECT SUMMARY REPORT

| Please briefly describe how the SCT support assisted you (the community/organization) to make an impact? | | | |
|----------------------------------------------------------------------------------------------------------|--|--|--|
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| How will this initiative benefit you/your org/community in the future? | | | |
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