

Commemorative Partnership Program Final Activity Report

(Due within 30 days of project completion)

Send completed report and any supporting materials to:

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or by mail to:

Veterans Affairs Canada
Commemorative Partnership Program
191 Great George Street, Room 304
PO Box 7700
Charlottetown, PE C1A 8M9

Name of Organization:
Type of Project: <input type="checkbox"/> Community Engagement <input type="checkbox"/> Community War Memorial
Project Name:
Location of Project:
Date of Project:

Outreach

In the case of a commemorative activity (e.g. event), indicate the total number of participants: _____

Please provide a breakdown of the total, if the information is available:

Number of Veterans: _____

Number of Canadian Armed Forces members: _____

Number of youth: _____

Other: _____

In the case of commemorative resources (e.g. learning materials), indicate the total number of people expected to use the resources over a one-year period: _____

Please provide a breakdown of the total, if the information is available:

Number of Veterans: _____

Number of Canadian Armed Forces members: _____

Number of youth: _____

Other: _____

In the case of a community war memorial, indicate the total number of people expected to access it over a one-year period: _____

Please provide a breakdown of the total, if the information is available:

Number of Veterans: _____

Number of Canadian Armed Forces members: _____

Number of youth: _____

Other: _____

Feedback/comments from participants. Please attach a separate sheet if necessary.

Project Outcomes/Results - Describe the project's final outcomes/results and compare against those outlined in the application form. Explain what impact the project has had (or will have) on your organization, the community, etc.

Please include any products, such as programs, learning materials, videos or photos that relate to the final outcome of your project.

Project expenditures - Describe any variances between the proposed budget and the final expenditures and revenues.

If applicable, please describe how Veterans Affairs Canada was acknowledged for its financial assistance to this project.

Additional Comments:

Name of person authorized to sign for the organization

Name:

Signature:

Date: