**Water Conservation and Quality Improvement Grant Program**

**Final Report Form**

**The satisfactory completion of this form and submission of any deliverables will fulfill the final reporting requirements for your organization’s WCQI grant. Please complete the form as fully as possible. The information gathered here will be used to justify the continuation of the WCQI grant program.**

A. CONTACT INFORMATION

**Organization**: Click here to enter text.

**Address**: Click here to enter text.

**Project Title**: Click here to enter text.

**Project Contact Person**: Click here to enter text.

B. CONFIRMATION OF COMPLETION

**I certify that the project has been completed as laid out in the grant application and all costs covered by OBWB funds are eligible expenses as outlined in the Terms of Reference. Any deviations from the application and contribution agreement have been reported to and approved by the OBWB.** [ ]

C. VALLEY-WIDE BENEFIT

**How does your completed project benefit other communities in the Okanagan Valley?**

Click here to enter text.

D. PROJECT SUCCESS

**Please comment on the success of your organization’s project. Did your organization meet all its goals and objectives?**

Click here to enter text.

E. PROJECT LIMITATIONS AND LESSONS LEARNED

**Please comment on the limitations of your project. Were there significant unforeseen challenges? What were the lessons learned that could help similar future projects be successful?**

Click here to enter text.

F. PROJECT COSTS

**Please list the final total project cost and provide a breakdown by category of expense.**

**Total Project Budget**: $Click here to enter text.

**Project Management**: $Click here to enter text.

**Equipment**: $Click here to enter text.

**Supplies/Consumables**: **$**Click here to enter text.

**Printing/Media**: $Click here to enter text.

**Consultant/Contractor**: $Click here to enter text.

**Travel**: $Click here to enter text.

**Wages**: $Click here to enter text.

**Other**: $Click here to enter text.

G. PROJECT FUNDERS AND PARTNERS

**Please list all sources of support, both direct and in-kind. For in-kind support, estimate a dollar value.**

**Total Project Funding: $**Click here to enter text.

**Source (Indicate direct or in-kind):**

Click here to enter text.

H. GENERAL COMMENTS

**Please provide any feedback you might have on the granting process or possible improvements to the program.**

Click here to enter text.

I. SIGNATURE

**I certify that the information provided herein is accurate and complete. I understand that failure to provide any of the requested information may impact my organization’s chances of receiving grants in the future.**

**** 24/09/2014

**Project contact signature Please select Date**