



GRANT RECIPIENT INFORMATION

1. Full Name of Rep	ort Contact		
2. Title			
3. Charitable Organ	ization		
. Website			
		_	
5. Telephone			
6. Email			
7. Mailing Address			
Street			
City, Province			
Postal Code			
SSIAI GOUG			



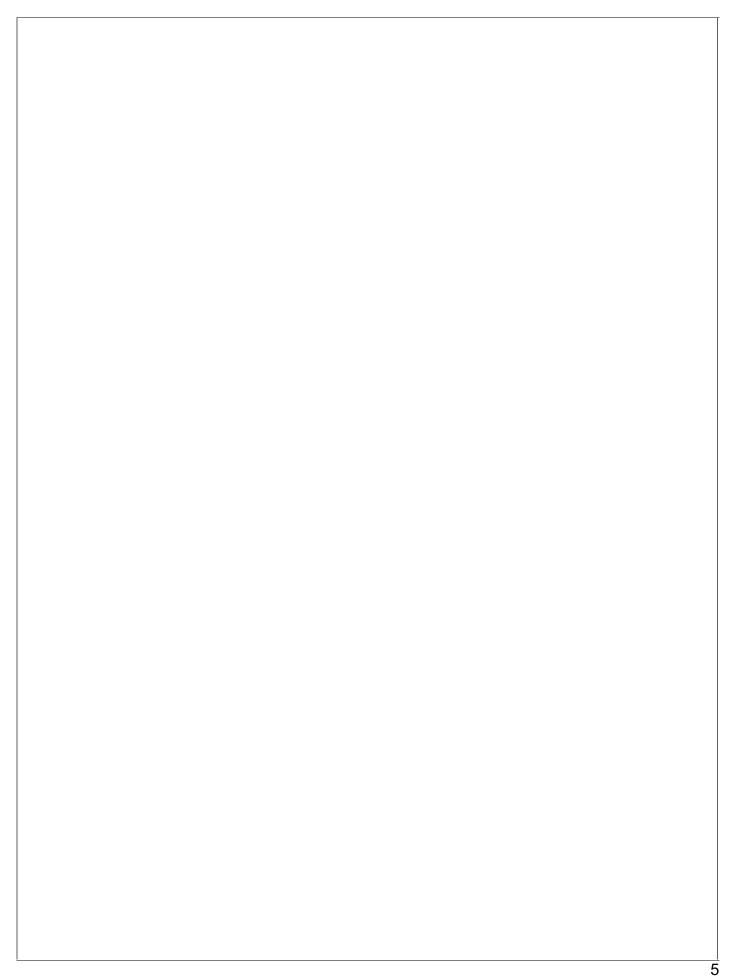
GRANT INFORMATION

* 8. Amount of Grant Received:	
* 9. Year Grant Awarded:	
* 10. Name of Project/Program that grant supported:	d:



GRANT IMPACT

*	11. What primary vital sign issue area does your project address?					
	\$					
	•					
*	* 12. Describe your project/program's impact on youth and/or the community.					
*	* 13. How did you recognize London Community Foundation's contribution?					
*	* 14. Provide at least one anecdotal example that demonstrates a successful outcome of your pr	oject.				





FINANCIAL REPORT

15. In detail, how were the requested funds spent? If there was a surplus, please account for and provide an explanation.



Documentation

Upload at least one attachment that illustrates activities, such as photos or sign-up sheets.

* 16. REQUIRED: Upload Documentation of Activity

Choose File

No file chosen

17. OPTIONAL: Upload documentation of Activity

Choose File

No file chosen

18. OPTIONAL: Upload documentation of Activity

Choose File

No file chosen

19. OPTIONAL: Upload documentation of Activity

Choose File

No file chosen

20. OPTIONAL: Upload documentation of Activity

Choose File

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