



Community Benefit Fund Report

This report is only required if an applicant received financial support in amounts of \$1,000 or greater.

Applicant Information	
Organization Name	
Contact Name	
Mailing Address	
Phone	
Email	
Type of Organization	Charitable organization Not-for-profit organization School Individual or group
Program/Event/Activity Ge	eneral Information
Name of	
Program/Event/Activity	
Date Held	
Description	
Number of People	
Impacted	
Overall Community Impact	
Recognition of	
Sponsorship	
Any Additional Information	
Have you attached addition	nal information? Yes No





Revenues		
(List all sources of		
revenue including the		
received Community		
Benefit Fund amount)		
Expenses		
(List all		
expenditures/costs and		
identify those for which		
Community Benefit Fund		
funds were allocated)		
l,	, as representative for the	(organization),
acknowledge that the inform	nation provided is accurate to the best of my	knowledge. It is understood
that any funds allocated and	not exclusively utilized for the program ident	tified will need to be returned
to the County of Warner.		
Cignoturo		
Signature	Date	

Under the Freedom of information and Protection of Privacy Act (FOIP) s.33(c) personal information is collected for the purpose of applying for the Community Benefit Grant pursuant to provisions of the Municipal Government Act. Question regarding the collection of personal information can be directed to the County of Warner Administration Office at 403-642-3635 or admin@warnercounty.ca.