



REGIONAL DISTRICT NORTH OKANAGAN

FINAL REPORT
9848 Aberdeen Road
Coldstream, BC V1B 2K9

Organization Name: _____

Project Year: _____

Project Type: _____

Address: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Registered Non-Profit Society
(in good standing)

Society No.: _____

☐ Yes

☐ No

Date of Incorporation: _____

Contact
Name: _____

Title: _____

Phone: _____ Email: _____

Alternate Contact Name: _____ Title: _____

Phone: _____ Email: _____

1. Briefly describe the completed project noting any changes from the original proposal.



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2. Describe and or quantify (by weight or volume) the impact your project had on reducing waste in RDNO landfills.

3. What was the most successful outcome and what was the biggest challenge in executing your project?

4. Please provide numbers (estimated) for the following (where applicable):

paid staff

volunteer staff



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5. Please provide suggestions or comments on how to make this grant program better (application process, reporting, etc):

6. Please provide a minimum of two photos of your project in progress or completed (copy and paste photos below or send a link or attachment to photos)



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7. Please provide a summary on how the grant money awarded was spent, listing your project expenses as well as any other project revenues in addition to the grant award.