

OTF Reporting Form

Organization Details

Organization Name:	@parent.client.name@	Org. Email:
Mailing Address:	@parent.client.address@	Phone:
Financial Statements:		

Grant and Report Information

Approved Grant Amount:	Grant ID:
Report Type:	Report ID:
Beginning of Reporting Period:	End of Reporting Period:

Who would you like us to contact if there are questions in regard to this report?

First Name:	Title:
Telephone:	Email:

Grant Progress

What was the most important thing that happened as a result of your grant?
Describe how your community or the people you serve benefited from your OTF grant. How did it make a difference?

Is there advice that you would give to another organization doing a similar project? What did you learn? Would you do anything differently the next time?

Anticipated Changes

Do you anticipate any changes to your planned activities, expected results, timelines or approved budget for the next Reporting Period. If so, please explain.

If yes, describe the changes and note the reason(s) for the change. For proposed budget changes, also note the expense item and the dollar amount.

Summary

How many people directly benefited from your grant?

If your initiative involved marketing, promotion, outreach or raising awareness, how many people did you reach/contact (do not include website hits)

If you held a community or public event as part of your grant, please indicate how many events you held and the total number of people that attended each event.

Type of Event	Number of events held	Total number of people attending
Festival		
Arts production / performance / exhibit		
Public Education Event		
Sporting Event		
Conference/Workshop/Training Program		
If other, please specify:		

How many new programs, activities or events were you able to offer as a result of your grant?

Did your initiative receive any media coverage?

If yes, please tell us the type of coverage received and the number of reports or stories:

Newspaper article

Radio Interview

Television

Other

If other, please specify:

In this Reporting Period, did your organization undertake any activities to recognize your Ontario Trillium Foundation grant?

@#1146011#@

Acknowledged OTF support in publications and promotional materials

<input type="checkbox" value="checkbox" @checkbox('1146238','Acknowledged OTF support in publications and promotional materials')@ name="C23">

Recognized OTF support on website

<input type="checkbox" value="checkbox" @checkbox('1146238','Recognized OTF support on website')@ name="C24">

Provided link to OTF website

<input type="checkbox" value="checkbox" @checkbox('1146238','Provided link to OTF website')@ name="C25">

Used OTF logo in print and promotional materials or website link

<input type="checkbox" value="checkbox" @checkbox('1146238','Used OTF logo in print and promotional materials or website link')@ name="C26">

Displayed recognition plaque or other signage in a public location

<input type="checkbox" value="checkbox" @checkbox('1146238','Displayed recognition plaque or other signage in a public location')@ name="C27">

Gave verbal acknowledgement of OTF funding (e.g. during public presentations)

<input type="checkbox" value="checkbox" @checkbox('1146238','Gave verbal acknowledgement of OTF funding (e.g. during public presentations')@ name="C28">

Other

<input type="checkbox" value="checkbox" @checkbox('1146238','Other')@ name="C29">

If other, please specify:

If no, why not?

Volunteer Contributions

How many volunteers directly contributed to the initiative funded by your grant? Please do not give the total number of volunteers in your organization.

Volunteers

Hours Contributed

Of these volunteers, how many were newly recruited volunteers in this Reporting Period?

New Volunteers

If you provided any volunteer training, indicate the number of people directly trained in each category.

General Volunteers

Board Member Volunteers

IMPACT

ECONOMIC IMPACT

Number of employment positions (Please report in FTEs, Full-Time Equivalents) funded in your organization through your OTF grant:

Financial and In-Kind Support Leveraged:

Did you receive any in-kind or non-financial support?

If yes, please estimate the value of any in-kind or non-financial support your organization may have received as a result of your grant.

Type of support received	Estimated Value (\$)
Donated space and utilities (i.e., office space, meeting space, recreation, use of phone or fax, etc.)	
Donated services (i.e., accounting, transportation, website design, etc.)	
Donated equipment, materials or supplies (i.e., office furniture or equipment, etc.)	
Totals:	
Did you generate any revenue as a direct result of your OTF grant?	
In this Reporting Period, what is the estimated value of any revenue your organization may have received as a direct result of receiving your OTF grant?	
Government Sources (e.g. Federal, Provincial or Municipal)	
Non-Government Sources (e.g. Foundations, United Way, Donors/sponsors, earned revenue)	
Total:	

Results and Indicators

Year	Expected Results	Performance Indicators	Achievements	Notes
\$1143123\$	\$1143124\$	\$1143216\$	\$1149666\$	\$1149673\$
		\$1143217\$	\$1149667\$	\$1149674\$
		\$1143218\$	\$1149668\$	\$1149675\$
		\$1143219\$	\$1149669\$	\$1149676\$
		\$1143220\$	\$1149670\$	\$1149677\$

Conditions

No Conditions

Requirements

No Requirements

Financial Table

Additional Information