

EMERGENCY FUND 2020 Reporting Template



Organization/Unincorporated group/Individual Name:	
Date:	
Reporting period (e.g. January 1 to December 31, 2020):	
Name of person completing the form:	Signature :
Email address:	Telephone Number:
Name of Signing Officer: (this should be the ED or President/Chair of the Board of Directors who is verifying the content of the report as true and factual)	Signature :
Email address:	Telephone Number:
1. What Emergency Fund goal did funding contribute to? (pick one from list) List the Emergency Fund goal that you indicated on the original application form.	
Goal:	
2. Please tell us briefly what funding was used for. (use 500 characters or less)	

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3. Please describe how the activities supported by the Emergency Fund benefited Guelph residents during the pandemic. (use 500 characters or less)

Ensure that you provide details of the people who benefited. Please ensure that you refer to your original application.

4. Please describe how the Emergency Fund supported your organization to adapt or respond to the pandemic. (use 500 characters or less)

5. Overall how successful were you in achieving your goals for the funding? (use 500 characters or less) Did you do what you set out to in your original application? Did you achieve this on time and within budget? Did you achieve the number of participants you had hoped for? Please ensure that you refer to your original application.

6. How many Guelph residence benefited from your project or initiative? _____

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7. What impact did the project or initiative have? (max 3)

Performance Measure (s) (e.g. the number of participants surveyed that said the program improved/sustained their quality of life)	Result (E.g. 80%)	Commentary (E.g. did this meet your expectation(s)? Why/why not?)
1.		
2.		
3.		

8. How many other funds were you able to leverage as a result of the City of Guelph Emergency Fund? _____

9. A Success Story (use 1000 characters or less)

Please share a story that shows the impact that the grant had on the Emergency Fund Program goals you selected. When telling the story, please do not include any personal information that may identify an individual.

10. Recognizing the City's Contributions

Did your organization undertake activities to recognize the City's grant contribution?

Yes

 No

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If yes, please select the ways you recognized funding (check all that apply):

Acknowledged on promotional materials

Recognized on Website

Provided a link to the City's website

Usage of the City logo

Verbal acknowledgement at presentations and other speaking opportunities (in the local media)

Other (please specify) _____

Collection of Personal Information

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of, making decisions about grant allocations, reporting on statistics about the grant program and evaluating the grant program. If you have questions about this collection; use, and disclosure of this information, contact the City of Guelph's Information and Access Coordinator by phone at 519-822-1260 x 2349 or by email at privacy@guelph.ca

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11. Financial Summary		
This section is asking you to report information about your specific fund request.		
Revenue	Planned Budget – Revenue (refer to original grant application) \$	Actual Revenue (projected to year-end if fiscal year not yet complete) \$
City of Guelph Emergency Fund		
Other City of Guelph		
Other City of Guelph description		
Province of Ontario		
Government of Canada		
Other grants		
Other grants description		
Fundraising / donations		
Program revenues		
Other revenues		
Other revenues description		
Total Revenues		
Expenses	Planned Budget - Expenses (refer to original grant application) \$	Actual Expenses (projected to year-end if fiscal year not yet complete) \$
Salaries / wages / benefits		
Artistic fees		
Office / administration		
Rental / lease expenses		
Fundraising expenses		
Program expenses		
Other expenses		
Other expenses description		
Total Expenses		
Surplus (Deficit)		

Thank you for completing the Reporting Form
 Please submit the form to emergencyfund@guelph.ca
 If you have any questions please contact:
 Alex Goss T: 519-822-1260 x 2675 or 5618
 Email: emergencyfund@guelph.ca

To request this document in an alternate format as per the Accessibility for Ontarians with Disabilities Act or for other queries please contact 519-837-5618 or TTY: 519-826-9771