



SHISHALH NATION GOVERNMENT DISTRICT

2023 GRANT IN AID USE OF FUNDS REPORT

**DEADLINE FOR GRANT IN AID USE OF FUNDS REPORT AND SUPPORTING  
DOCUMENTS**

**4:30 PM, MARCH 1**

All Grant in Aid recipients are required to submit a report on the use of funds by March 1st. Recipients in prior years that have not submitted a report are not eligible for a Grant in Aid in the current year.

For more information contact the shishalh Nation Government District:

604-740-5600

Complete the Use of Funds Report and submit with the required documentation to:

shishalh Nation Government District  
Room 55, 5545 Sunshine Coast Highway  
Box 740  
Sechelt, BC V0N 3A0



**SHISHALH NATION GOVERNMENT DISTRICT  
GRANT IN AID USE OF FUNDS REPORT**

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1. **APPLICANT**

Date: \_\_\_\_\_

Name of Organization:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Applicant contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

1. **GRANT IN AID USE OF FUNDS:** (attach a separate sheet if more space is needed)

a. Amount of grant received: \$ \_\_\_\_\_

b. Project/program/service/event grant monies used for: \_\_\_\_\_

\_\_\_\_\_

c. Describe how your grant money was used:

d. Describe the results of the project/program/service/event:

e. List any other sources and amount of funds received in relation to this project/program/service/event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

f. Was the entire Grant in Aid funds utilized for the project/program/service/event?

Yes  No

If No, have the balance of funds been returned to SNGD?

g.

Yes  No Date unused funds to be returned: \_\_\_\_\_

h. Describe how SNGD was acknowledged as a sponsor for the project/program/service/event?

2. **SIGNATURE AND CONDITIONS**

We certify that to the best of our knowledge the information provided in this Grant in Aid Use of Funds Report is accurate and complete and is endorsed by the organization that we represent.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(two authorized signatures are required for non-profit organizations and groups)