City of Delta Community Grants Program
2025 Final Report

Date:

Title of Initiative (if applicable):

Non-Profit Organization:

Contact:

Phone Number: Email Address:

1. Please provide a brief summary of the initiative that this grant supported and what it accomplished.

2. Please summarize how your initiative met the guidelines of the City of Delta Community Grants Program:

   - Strengthen and enhance the well-being of Delta's community.
   - Benefit residents facing social, physical, or economic disadvantages.
   - Promote volunteering, cultural understanding, or inclusivity.
   - Partner with other service providers in Delta.

3. How did the City of Delta Community Grant support your organization in achieving your goals?

4. Please provide a detailed breakdown of how your grant funding was used. Please note that any remaining funds must be returned to the City of Delta. If you require more space, please include your expenses as an attachment to this report.

Expense description	Amount	Receipt date
TOTAL	0	N/A

Amount Received:

Remaining Balance: 0

5. How many people did your initiative support? _____

   5a. Of these, how many people were Delta residents? _____

6. Can you share any media clippings or photos from your project that the City can use when reporting on the Community Grants Program to the public/Council?

   6a. If yes, please attach photos to this report and list them below, clearly stating what is in the photo.

7. Do you have any additional comments regarding your initiative and/or the City of Delta Community Grants Program?

Signatures:
We certify that, to the best of our knowledge, the information provided in this City of Delta Community Grants Final Report is accurate and complete and is endorsed by the organization that we represent.

☐ We have funding left over from this grant allocation and it will be returned to the City of Delta within one month of submitting this report.

Please note, payment may be made by cheque, cash or bank debit card at Delta City Hall, located at :
4500 Clarence Taylor Crescent
Delta, BC V4K 3E2

☐ We used the full grant allocation.

X _____

Print Name and Title, if Applicable:

Date:

Please email the completed report to communitygrants@delta.ca. This report must be completed and returned by **August 31, 2026.**