

Final Activity and Financial Report

OHS Education Trust Fund



Organization Information

Complete Name of Organization: _____

Contacts: Person 1 _____ Person 2 _____

Mailing Address: _____ Mailing Address: _____

Postal Code: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Project Information

Project Title: _____

Start Date: _____ End Date: _____

Total Project Cost _____ Total Amount Requested: _____

Progress

Provide details on how the objectives of the project have been met, including any challenges or successes.

Update/Status	
Number of participants/ target audience	_____ _____ _____
Supporting Documentation	_____ _____ _____
Reporting Notes	_____ _____ _____

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Budget summary

Item	Budget	Actual	Remaining	Comments
Salaries and benefits				
Travel				
Operational				
Honoraria				
Facility Lease/Rent				
Equipment				
Office supplies				
Program material				
Resource Materials				
Administrative				
Other expenses				
Totals				

I declare that the information in this form is accurate and complete and that this report is being made by the organization named on the OHS Education Trust Fund Application Form with its full knowledge and consent.

Name (print): _____ Title: _____

Date: _____ Signature: _____