



## Regional Literacy Funding Report Form

Information about your organization	
<b>Name of organization:</b>	<b>Contact person:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Fax:</b>
	<b>E-mail:</b>

About your project	
<b>Name of Project:</b>	
<b>Start Date:</b>	<b>End Date:</b>

Please briefly describe your project

**What worked well?**

**What did not work well?**

**What language(s) were used in your program?** \_\_\_\_\_

**How many participants came to your program?**

*(Count each person every time they came. If a person came once, you count them once.  
If a person came eight times, you count them eight times.)*

adults \_\_\_\_\_ children \_\_\_\_\_

**Do you think it was worthwhile running the program/ project?**      Yes      No

**Please explain your answer.**

**How satisfied were you with your program?**

Dissatisfied    A little dissatisfied    Somewhat satisfied    Satisfied    Very satisfied

**Project Budget**

Please provide budget details for expenses utilizing NWT Literacy council Regional Funds only.

Expense Description	Revenue (NWT Literacy Council)	Total Expense Amount
<b>Total</b>		

<b>Revenue - Expenditures</b>	
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