

HRM's Active Transportation Education and Promotion Grant Final Report and Grant Disbursement Reconciliation Awards BELOW \$1,000

Please submit this report by email at: ATGrants@halifax.ca .

If you have any questions, please contact **HRM Offices:**

Emma Martin, AT Community Programs Coordinator

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Submission date:

AT Education and Promotion Grant Awarded on (month, year):

Community Organization Identification

1. Group: Name, Mailing Address, Email, Phone, Fax, Website

2. Reporting for the Grant Recipient: Name, Title in Organization, Phone and Email

3. Project Lead (if different from reporting contact): Name, title in organization, phone, email

Final Budget Reporting

Please submit supporting documents listed below:

- Contractor (s)' invoices naming the Recipient that hired the Contractor (s)' services;
- Copy of all receipts for eligible expenses to which the Contribution Amount was applied;
- Proof of stipend payment to provide services;

4. Please list all funding received to implement the project:

Sources of funding	Amount
HRM's AT Education and Promotion Contribution Amount	
Total Other Sources of Funding	
Total funds received	

5. Please list expenses directly related to this project. Only expenses approved by HRM, listed on the Awarding documents will be considered towards the Grant Disbursement.

Description	Amount
Total expenses	

Grant Disbursement Reconciliation

\$ Award = Contribution Amount awarded by HRM	
\$HRM's Contribution paid = Contribution amount paid By HRM to date (\$0 if no payment was received)	
HRM's Contribution Amount Available = \$Award - \$ HRM's Contribution paid	
\$Other funding sources = Amount received from all other funders, including own organization's	
\$Expenses (including HST) = Total expenses reported	
\$Balance = \$HRM's Contribution paid + \$Other funding sources - \$Expenses	
HRM Payment = HRM's Contribution Amount Available up to \$Balance, if \$Balance is negative	
HRM Award overpaid = \$HRM's Contribution paid - Balance, if Balance positive, otherwise \$0	

Project outcomes

6. Project name and timelines:

7. Please summarize your project and describe any changes from your original proposal. You can attach any pictures you might have taken.

8. What was the participation (e.g. numbers, public at large, own association's members, workplaces/ organizations); demographic (e.g. approximate age range, ability to participate in all activities) per event/ project overall? If this was not a first-time event/ project, what was the change in participation from previous two years?

9. When considering the results received from measuring the indicators set, how did the project meet its expected outcomes for each indicator?

Participants feedback

10. After completing the project delivery, which HRM's objective (s) were met as per **participants' feedback**? Please describe below.

Create public awareness of available active transportation facilities and increase the number of people who uses them in any season

Increase public awareness of AT benefits as a travel mode as per the four pillars identified in the Integrated Mobility Plan:

- CONNECTING (Connects people, places, goods and services)
- HEALTHY (Safe, comfortable and convenient for all ages and abilities)
- AFFORDABLE (Investment and travel is affordable)
- SUSTAINABLE (Environmentally, socially and economically responsible)

Promote safe practices for all road users and increase the number of people who choose walking and bicycling.

Create opportunities for public to experiment active transportation as a travel mode, physical activity, civic discovery, social cohesion/connection.

Create a community-based culture that supports and rewards shifting travel modes to active transportation

Project delivery feedback

11. Did you encounter any barriers or challenges with your project? Explain.

12. Reflecting on the project delivery from this year, what are the lessons learned?

13. Do you have any comments/ feedback for HRM that would support improvement of the AT Education and Promotion Grant Program?

Report and reconciliation submitted by:

Print Name:

Signature: