



Final Report

Do a global evaluation of activities & the project itself.

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Impact on participants:

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Impact on the community:

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## Final Report

### **Section 4 – Signature of the authorized person responsible of the project (representative).**

I certify that all the information provided in this project are true.

Name of responsible person:

Signature of responsible person:

Date:

#### FINAL REPORT

Did you sign & put the date on the formula?

Did you indicate the period covered by this report?

Did you print a copy completely for your records?

Did you add all of your documents (*receipts, invoices, quotations*)?

Please send the Final report and, its expenses, the financial report & its analyses to:

**Ungaluk Safer Communities Program**

**P.O BOX 172**

**Kangirsuk, Que.**

**J0M 1A0**

**Tel : 819-935-4790**

**Fax : 819-935-4760**