





Mid-Term Report

**Section 3 – *Please provide invoices or receipts with this report. Invoices/receipts should total 50% (percent) of the total amount of the overall budget.***

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**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 Mid-Term report, 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**

Mid-Term Report

Budgeted Revenue	Amount ( \$ )	Confirmed Revenue	Amount ( \$ )
<b>Grand Total:</b>		<b>Grand Total:</b>	
Budgeted Expenses	Amount ( \$ )	Confirmed Expenses	Amount ( \$ )
<b>Grand Total:</b>		<b>Grand Total:</b>	
<b>Overall Difference</b>		<b>Overall Difference</b>	
<b>Surplus (Deficit)</b>		<b>Surplus (Deficit)</b>	

