



Department of Intergovernmental Affairs

PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

GRANT USE REPORT

Fiscal year April 1st, _____ to March 31, _____

Project Number (for IGA use only)

NOTE

Departments, institutions, or organizations that have received funding under the Program on the Provision of Official-Language Services (POLS) must complete and return this form to Intergovernmental Affairs within the time frame specified in the grant approval letter. This form, duly completed, is required for our files.

PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

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| I. NAME OF ORGANIZATION OR DEPARTMENT: | | |
| LINGUISTIC STATUS OF THE ORGANIZATION: <input type="checkbox"/> FRANCOPHONE <input type="checkbox"/> ANGLOPHONE <input type="checkbox"/> BILINGUAL (FRENCH & ENGLISH) | | |
| NAME OF PERSON IN CHARGE OF PROJECT IMPLEMENTATION: | | |
| PERSONS DESIGNATED TO REPRESENT THE ORGANIZATION: | | |
| GREETINGS MR. <input type="checkbox"/> Ms. <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| FIRST NAME: | LAST NAME: | FUNCTION IN THE ORGANIZATION: |
| PERMANENT ADDRESS (NUMBER, STREET): | | |
| CITY: | POSTAL CODE: | |
| TELEPHONE: | FAX: | |
| E-MAIL: | WEB SITE AND SOCIAL MEDIA: | |

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| II. PROJECT TITLE: | | | |
| START DATE YYYY-MM-DD: | | END DATE YYYY-MM-DD: | |
| PROJECT SCOPE | | LOCAL <input type="checkbox"/> | REGIONAL <input type="checkbox"/> |
| | | PROVINCIAL <input type="checkbox"/> | |
| BENEFICIARY REGIONAL SERVICE COMMISSION(S) (REF. Maps): <input type="checkbox"/> RSC 1 <input type="checkbox"/> RSC 2 <input type="checkbox"/> RSC 3 <input type="checkbox"/> RSC 4 <input type="checkbox"/> RSC 5 <input type="checkbox"/> RSC 5 <input type="checkbox"/> RSC 7 <input type="checkbox"/> RSC 8 <input type="checkbox"/> RSC 9 <input type="checkbox"/> RSC 10 <input type="checkbox"/> RSC 11 <input type="checkbox"/> RSC 12 | BENEFICIARY MUNICIPALITY(IES) (SPECIFY) : | BENEFICIARY AREAS : <input type="checkbox"/> RURAL <input type="checkbox"/> URBAN <input type="checkbox"/> BOTH | |
| III. OUTPUTS ACHIEVED - An output designates the product or service resulting from the activities. What was produced? - (Refer to the Outputs in the Action Plan to the sector to which your project corresponds.) | | | |
| <ul style="list-style-type: none"> • LIST OF EVENTS/ACTIVITIES THAT WERE PART OF THIS PROJECT AND NUMBER OF PARTICIPANTS IN EACH EVENT/ACTIVITY. • NUMBER OF VOLUNTEERS WHO PARTICIPATED IN THE PROJECT? • LIST OF PARTNERS AND THEIR ROLE IN THE EVENTS/ACTIVITIES. • IS THIS AN ANNUAL EVENT? IF SO, ARE THERE ANY PLANS TO INCREASE THE IMPACT OF THE EVENT? • HOW WAS THE PROJECT PROMOTED? (ATTACH SUPPORTING DOCUMENTS: POSTERS, PRESS CLIPPINGS, ETC.) • WERE THERE ANY ACTIVITIES THAT WERE NOT PLANNED BUT WERE CARRIED OUT (LIST THEM)? | | | |
| COMPLIANCE WITH THE PROJECT PRESENTED AND TARGET OBJECTIVES (Show how activities completed correspond with the project presented and target objectives. (Refer to the performance indicators in the Action Plan to the sector to which your project corresponds. Include quantitative data.) | | | |
| FORESEEABLE LONG-TERM EFFECTS AND OTHER FUTURE ACTIVITIES | | | |

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| PLEASE COMMENT ON THE SUCCESS OF YOUR PROJECT (Attach any documents related to carrying out the project, i.e. advertising, newspaper articles, quantitative data, etc.) |
| GOVERNMENT ASSISTANCE REFERENCED. Please attach corresponding documents |

Signature of project manager

Signature of authorities in the department or organization responsible for the project

Name (please print)

Name (please print)

Title

Title

Date

Date

Please send us your grant use report to PSLO-POLS@gnb.ca, or by post to:

New Brunswick Department of Intergovernmental Affairs
Secretariat of Official Languages
Chancery Place
P.O. Box 6000
Fredericton, New Brunswick
E3B 5H1