Games Legacy Grant Accountability Report

Grant Recipient Name: _____

Competition: ☐ **Developmental Program:** ☐

Name of Competition or Developmental Program: _____

Location of Competition or Program: _____

Start Date: _____ **Completion Date:** _____

1. **Please provide a short description of your experience at the competition or developmental program and how this has impacted you as an athlete or team?**

2. **Please tell us how being a recipient of the Games Legacy grant has supported your development as an athlete, team or coach.**

3. **How will the experience or knowledge gained be used in Fort McMurray Wood Buffalo communities?**

   (*If applicable: describe how you are sharing knowledge or contributing to community development*)

4. **Would you be willing to share your story or be featured in CIP promotional materials?**

   ☐ Yes

   ☐ No

5. **Please complete the table below to help us better understand the impact of the grant.**

"Because of receiving this grant…"	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I have developed as, an athlete and/or coach.				
I am more supported to participate in the competition or developmental program.				
I feel more connected to the community.				

6. **How did you hear about the Games Legacy Grant? (Please check all that apply)**

Radio	
Municipal Website	
Drop-In Information Session	
Social Media	
Friends or Family	
Coach or Instructor	
Other:	

The Accountability Report and copies of receipts (up to approved grant value) must be submitted within 60 days of attending or completing the programs, and/or competitions.

Contact CIP if you have any questions regarding the report at cip@rmwb.ca