



## Good Places Project – Final Report Form

Name of organization/group:

Contact Name (First & Last):

Email:

Phone Number:

What was the title/name of your project? (optional)

Project Location:

Project Start Date:

Project End Date:

Total Project Cost:

Total Cost Covered by Good Places Grant:

This project activated a space by:

- Adding/installing physical amenities such as seating, small structures, play features, public art, greenery, or signage to add to place vibrancy
- Offering recurring programming such as events, classes or workshops to foster community connections
- A bit of both!

## **Tell us about your project!**

Give us as much or as little detail as necessary to paint a picture of this project, and what happened. This program aims to support capacity building for community-led placemaking, and it's okay if things didn't go as planned - this is about learning and exploring what works well in your community! We want to hear your awesome stories, including what worked, what really didn't, and what you would have done differently!

What was your goal for the project? What did you achieve?

How did you involve and engage the community? How was this project made accessible to the community?

How many volunteers supported this project? In what ways did volunteers support this project?

If this project included an event, programming, or activities, approximately how many participants did you have?

What impact did this project have on the community? Please include any feedback from participants, interested parties, and community members.

What is your favourite story from this project?

What worked well for this project? What were your successes?

What were key challenges faced during this project? Did you anticipate these challenges? How were these challenges addressed?

In what ways did you interact with The City? Were any permits, licenses and/or approvals necessary? How was the process?

Do you have any plans to maintain or continue this project beyond the grant period?

Yes     No

What will you take away from this experience?

What advice would you give to someone who is interested in their own placemaking project?

What would you have done differently for this project?

Throughout this project, did you make any new connections that supported your initiative?  
(i.e. donors, sponsors, partners, mentors, shared contact information, etc)  Yes  No

Were you satisfied with the level of support you received for your project by the Good Places Grant Program?  Yes  No

Were you satisfied with the level of Good Places Project resources available to you (i.e. online, workshops, printouts?)  Yes  No

In what ways could the Good Places Grant program have made the process easier?

OPTIONAL: Any other comments, questions, ideas, or reflections about your project?

**\*Survey:** Please take 5 minutes to complete this [Placemaking Capacity and Sense of Belonging Survey](#). This anonymous survey is used to measure the impact of the Good Places Project and provides an additional opportunity to provide any feedback on the program.

**Along with this report, please provide the following via email:**

1. Financial documentation

- Your completed budget breakdown including actual expenditures
- Scans of all invoices and receipts

2. Project photos

Please upload 5 clear photos that highlight the impact of your project. These can include:

- Before-and-after photos of any changes made to a physical space
- Photos of events, programming, or activities in action
- Images showing volunteers working or community members enjoying the space or activities

*By submitting these photos, you acknowledge and agree that they may be used on our website and social media to showcase your project. Please do not submit images that clearly show people's faces unless the individuals have signed a photo release permitting such use, or a public notice of photography was posted on site.*

3. Additional media

Please include any other relevant materials (such as flyers, news articles, or promotional content) that can help demonstrate your project's visibility and community involvement.

**Certification**

By signing below, I confirm the accuracy and completeness of this report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_