
Technical Assistance Grant Report

CANADIAN WORKER CO-OPERATIVE FEDERATION

This report must be completed before payment can be released to the co-op developer or consultant.

Date:

Primary Contact:

Name of Co-op:

Address:

Phone:

Email:

Name of Consultant:

Please summarize the work that was done by the consultant, note if there were any changes from the planned scope of work and the actual work completed:

Please note your satisfaction with the work that was done by your consultant.

Other comments.

Name of designated representative:

Date:

Signature:

Please return completed form to Kaye Grant, communications@canadianworker.coop