



Community Grant Follow - Up for Sport, Culture & Recreation

PLEASE TYPE OR PRINT PLEASE COMPLETE ONE(1) REPORT PER PROJECT FUNDED (photocopy if needed)

Name of Group or Organization:	Contact Name:
Address:	Postal Code:

Project Name:	Project Date (s):
	Grant Received:

1. Which of the following categories would you consider your project?

Sport Culture Recreation

2. Please provide a brief description of the project?

3. Was this program aimed at increasing participation in any under-represented populations within your community?

If yes, then continue to the next question. If no, then proceed to question #7

4. Which of the following under-represented populations were included in your project?

<input type="checkbox"/> Seniors	<input type="checkbox"/> Economically disadvantaged	<input type="checkbox"/> Indigenous people
<input type="checkbox"/> Women	<input type="checkbox"/> Persons with a disability	<input type="checkbox"/> Single Parent Families
<input type="checkbox"/> Youth at Risk	<input type="checkbox"/> Other: _____	

5. How were the above under-represented population involved in the planning, operations and evaluation of this project?

6. What were the ages of the participants? Indicate as many as applicable

0 - 10 11 - 20 21 - 30 31 - 40 41 - 50 50+

9. How many People participated in your project?

0 - 10 11 - 20 21 - 30 31 - 40 41 - 50 50+

7. How many volunteers were involved with this project?

0 - 10 11 - 20 21 - 30 31 - 40 41 - 50 50+

8. Where did the project take place?

10. What would you consider to be the most significant successes of this program? Please note this information may be used in Saskatchewan Lotteries promotional material. If we require further information, whom should we contact?

NAME: _____ **PHONE:** _____

11. How did you publicly acknowledge Saskatchewan Lotteries as the source of funds for the project?

Posters Word of Mouth Newspaper Other: _____

Banners Speeches Newsletter _____

Community Radio Station Promotions items (ie: T-shirts) Bulletin Board _____

DESCRIPTION OF EXPENDITURES	DOLLAR AMOUNT	ORIGINAL RECEIPTS
_____	\$ _____	ATTACHED <input type="checkbox"/> ✓
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
TOTAL EXPENDITURES	\$ _____	

OUR PROJECT GRANT = \$ _____ and our attached receipts \$ _____

PROJECT COORDINATOR SIGNATURE: _____ DATE: _____

NOTE: Original Invoices must be attached to this form in order to receive Community Grant Program Funding.

If you require any assistance while completing this form, please contact the Leisure Services Division's office at 634-1880.