



Community Initiated Partnership Program Follow Up Report April 1, 2010 – March 31, 2011

Member Community _____

Organizing Group _____

Contact Name _____ Email _____

Telephone _____ Fax _____

Mailing Address _____ Postal Code _____

Identify Area of Focus (check all that apply)

____ Arts/Culture ____ Physical Activity/Wellness ____ Sport Development

____ Capacity Building/Volunteer Development ____ Aboriginal Participation ____ Seniors

Program Title _____ # of Participants _____

Program Dates _____ # of Program Hours _____

Target Population (age, gender) _____

Program Description _____

Program Objectives - Were your objectives met? _____

How did the program benefit your community and surrounding communities? _____

What other communities were represented? _____

Did your actual program budget match your estimated budget? If not, why not? _____

Please provide any other information that you feel would be pertinent to your Follow
Up Report - _____

ACTUAL BUDGET

EXPENSES

Honorarium _____
(instructor/facilitator)

Mileage _____
(Kms x \$0.38)

Facility Rent _____
(# of hours x rate/hr)

Advertising _____

Program Supplies
(please list)

Other Expenses
(please list)

Total Actual Expenses _____

REVENUES

Registration Fees _____
(#of participants x reg'n fees)

Other Grants _____

Other Sources _____

Requested Grant _____

Total Actual Revenues _____

Recreation Board Chair/Municipal Administrator

Signature of Recreation Board Chair/Municipal Administrator

PLEASE ATTACH COPIES OF RECEIPTS FOR ALL EXPENDITURES

Return To: SWDCRS
C/o Deb Ashby
Box 39
Bengough, Sask. S0C 0K0
or Fax To: 1-306-268-2067

