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|------------------------------------|
| Date Received by City of Warman |
| _____ |

**Follow-up Report Form for Community Organizations
Community Grant Program
2020 – 2021**

| | |
|-------------------------------------------------|---------------|
| Name of Organization: | |
| Address: | |
| Postal Code: | |
| Contact Person: | Phone Number: |
| Email Address: | Fax Number: |
| Alternate Contact for your Organization. | |
| Name: | |
| Email Address: | Phone Number: |
| | |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In which category would you put your project? (check one) <input type="checkbox"/> Sport <input type="checkbox"/> Culture <input type="checkbox"/> Recreation |
| Grant Amount Received: \$ |
| Please provide a brief project description. |
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| |
| Project length and duration. |
| Start Date: _____ Completion Date: _____ |
| Number of weeks: _____ |
| Location(s): _____ |

1. Objectives

What did you achieve with this project?

How did you accomplish the project objectives?

2. What format was used for this project? (check all that apply)

- Registered program
- Drop-in program
- Workshop
- Performance
- Special Event
- Other _____

3. a) Did the program reach the target group intended for?

b) Were any of the groups below specifically targeted? (If yes, check ONE)

- Economically disadvantaged
- New Canadians
- Older Adults (65+ years)
- Persons with a disability
- Single-parent families
- Youth at risk

4. Actual participant numbers, ages range, gender & residency.

| Age Ranges | Number of Females | Number of Males | # Warman Residents | # Non-Warman Residents |
|--------------------------------------|--------------------------|------------------------|---------------------------|-------------------------------|
| For all ages | | | | |
| OR | | | | |
| 0 – 5 years (Preschool) | | | | |
| 6 – 12 years (Child) | | | | |
| 13 – 18 years (Youth) | | | | |
| 19 – 30 years (Young Adult) | | | | |
| 31 – 65 years (Adult) | | | | |
| 65 + years (Older Adult) | | | | |

| | | | | | |
|--------------|--|--|--|--|--|
| TOTAL | | | | | |
|--------------|--|--|--|--|--|

5. How did you involve your target population in planning, promoting, delivering and/or evaluating your program? (Check all that apply)

- Representatives sat on the advisory committee.
- Community consultations/focus groups were held.
- Members of the target group assisted with the delivery of the program.
- Informal contacts and conversations were used.
- Other _____.

6. How did you make your target population aware of your project/program?

- Newspaper ads
- TV ads
- Radio ads
- Posters in area/buildings where target population goes
- Referral from professionals (e.g., social workers, senior homes, schools, etc.)
- Brochures distributed to target population
- Other _____
- Online communications
- Community meetings
- Word of mouth

7. How did you measure and evaluate that your program had achieved your objectives? (Check all that apply)

- Number of participants
- Quality of the project/event
- Other _____
- Participant attendance (for ongoing programs)
- Value to the participants

8. How many volunteers will be involved with this project?

- 0
- 1-10
- 11-25
- 26-50
- Over 50

What did they do?

9. What results and/or benefits did the participants receive from this project?

10. How did you publicly acknowledge Saskatchewan Lotteries and the City of Warman as the sources of funding for your project? (Check all that apply)

- Posters
- Banners
- Speeches
- Newsletter
- TV
- Other _____
- Radio
- Website
- Newspaper
- Word of Mouth

Information Certification

This follow-up form must be signed by two individuals; a minimum of one must be a member of the Board of Directors.

I hereby certify the information contained in this follow-up form is accurate and complete.

| | | | |
|-----------|------------|----------------------------|------|
| Signature | Print Name | Position with Organization | Date |
|-----------|------------|----------------------------|------|

| | | | |
|-----------|------------|----------------------------|------|
| Signature | Print Name | Position with Organization | Date |
|-----------|------------|----------------------------|------|

CHECKLIST

Be sure to include the following items:

- Project Budget Summary
- Project Receipts

ALSO:

- The follow-up report form has been signed
- You have retained a copy of the completed follow-up report form for you files

Follow-up Reports are due within 60 days of completion of your project or no later than April 15th of the year the grant ends, whichever comes first. Failure to meet this deadline may affect the committee's view of your status for future applications.

Recreation & Community Service Department
c/o Community Grant Program
#1 – 701 Centennial Blvd. N.
Warman, Saskatchewan S0K 4S2
Email: coralieb@warman.ca
Phone: 933-2129
Fax: 933-2245

Please ensure that you have included all the required materials.
PROJECT BUDGET SUMMARY

Organization: _____

Note: Show expenses and revenues for the entire project, not just those covered by the grant.

| Revenues | Amount (Actual) |
|--------------------------------------------------------------------------|----------------------------|
| Community Grant Request | |
| Registrations | |
| Self help (fundraising) | |
| Grants from other sources (complete the chart at the bottom of the page) | |
| Cash Donations | |
| Other (complete the chart at the bottom of the page) | |
| TOTAL REVENUES | |

| Expenses | Amount (Actual) | Receipts Enclosed |
|-----------------------------------------------------------------------------|----------------------------|------------------------------|
| Facilities | | |
| Equipment Costs Provide a breakdown below | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Travel Costs | | |
| Staffing (Maximum 455 hours in a grant period) Provide a breakdown below | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Training/Development Costs | | |
| Other directly related expenditures Please List | | |
| 1. | | |
| 2. | | |
| 3. | | |
| TOTAL EXPENSES | | |

Other Sources of Income – Did you receive funding from other agencies for this project?
 Yes No

If yes, please provide contact information for every other funder to which you have applied for.

| Funder Name | Contact Person | Phone # and Email | \$ Amount Requested | \$ Amount Received |
|--------------------|-----------------------|--------------------------|--------------------------------|-------------------------------|
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