PROGRAM GRANT
FOLLOW-UP FORM

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PROGRAM GRANT FOLLOW-UP FORM

To receive the second half of the grant funding, a completed follow-up report must be completed within 45 days of the program ending.

CONTACT INFORMATION

Organization Name			
Non-profit Incorporation Number			
Contact Name			
Address			
City/Town		**Postal Code**	
Phone		**Email**	

PROGRAM INFORMATION

Program Name			
What sport did your program involve?			
Please provide a description of the program.			
Program Start Date		**End Date**	
Number of Weeks		**Program Times**	

Was there a registration fee?	◯ Yes ◯ No	**If yes, how much?**	$
How many qualified coaches/instructors were involved in the program?			
Please list the coaches names			
Club or PSO affiliation of the coaches			
Location(s) where the program was held			
Indicate the number of participants in each age group and categories for your program:			
Ages		**Male**	**Female**
0-5 years			
Boys 6-9 and Girls 6-8			
Boys 10-12 and Girls 9-11			
Boys 13-16 and Girls 12-15			
Boys 17-18 and Girls 16-18			
Self reported demographics		**Male**	**Female**
Indigenous			
Athlete with a disability			
New Canadian			
What did the participants learn in the program and what were the benefits gained?			

Please provide testimonials from the participants.
Please include a testimonial from the organization.
Other comments

SUPPORT REQUESTED

What did the KidSport Program Grant cover and in what amounts?
If the funding was for equipment, please provide a list of equipment that was purchased.

FINANCIAL INFORMATION

REVENUES	AMOUNT
KidSport Program Grant Amount	$
Other Grants:	$
Other Grants:	$
Sponsors or Donations	$
Registration Fees	$
Other:	$
Other:	$
Other:	$
Other:	$
TOTAL REVENUES	**$** 0.00
EXPENSES	**AMOUNT**
Facility Rental	$
Equipment	$
Coaches or Officials/Instruction expenses	$
Other:	$
Other:	$
Other:	$
Other:	$
Other:	$
TOTAL EXPENSES	**$** 0.00

DECLARATION

On behalf of our organization, I hereby agree that the terms and conditions outlined in the guidelines have been adhered to and the information presented in this follow-up report is correct and true.

_____ _____

Signature Date

Please submit completed Program Grant Follow-up Forms to:

KidSport Saskatchewan, 1870 Lorne Street, Regina, SK S4P 2L7
kidsport@sasksport.ca