



Government of  
Saskatchewan



## ABORIGINAL ACCESS TO SPORT, CULTURE AND RECREATION

### 2012-13 Urban Aboriginal Community Grant Program Follow-up Form for Community Organizations

**To be completed by the project coordinator:**

**Name of community group:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Grant Amount Received:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

1. What was your category of activity:

Sport

Culture

Recreation

2. Please provide a brief description of the project:

3. Were program objectives met? Please specify.

4. Please provide the following information:

Starting Date of Project: \_\_\_\_\_

Completion Date of Project: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Program Times: \_\_\_\_\_

Location(s): \_\_\_\_\_

5. Please identify the leadership training and/or organizational development initiatives that were carried out. Please include sufficient detail such as the number of initiatives undertaken and the number of leaders trained or developed.

6. How many volunteers were involved in this project?

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

7. Verify how the program participants were involved in the planning, operation, and evaluation of this project?

8. Please provide the age and gender breakdown of the participants.

Age Ranges	Male	Female	Total
0-12			
13-19			
20-29			
30-50			
Over 50			
<b>Total</b>			

What was the final estimated percentage of aboriginal participants? \_\_\_\_\_%

9. Which barriers to program access were successfully removed?

- |   |  |
|---|--|
| <input type="checkbox"/> cost                           | <input type="checkbox"/> not aware of activity           |
| <input type="checkbox"/> transportation                 | <input type="checkbox"/> lack of leaders and role models |
| <input type="checkbox"/> access to facilities/equipment | <input type="checkbox"/> disability                      |
| <input type="checkbox"/> health and nutrition issues    | <input type="checkbox"/> no one to go with               |
| <input type="checkbox"/> don't have necessary skills    | <input type="checkbox"/> lack of childcare support       |
| <input type="checkbox"/> lack of cultural sensitivity   |  |

How did you do this?

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

11. How did you publicly acknowledge the Community Initiatives Fund and Saskatchewan Lotteries as the sources of funds for the project?

- |                                  |                                     |  |                                       |                                |
|----------------------------------|-------------------------------------|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> posters | <input type="checkbox"/> newsletter | <input type="checkbox"/> newspaper     | <input type="checkbox"/> banners      | <input type="checkbox"/> radio |
| <input type="checkbox"/> TV      | <input type="checkbox"/> speeches   | <input type="checkbox"/> word of mouth | <input type="checkbox"/> other: _____ |                                |

12. Other comments about the program:

13. Please complete and attach a summary the final financial statement for the program by completing the follow-up column of the budget summary form that was submitted with your application (sample attached).

14. Declaration:

I hereby declare that the information in this follow-up report is accurate and complete.

<p><b>Project Coordinator Name (print):</b> _____</p> <p><b>Position in Organization:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Project Coordinator Signature:</b> _____ <b>Date:</b> _____</p>
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### Budget Summary

**Note:** You must show total expenses and revenue for the project. Revenue and expenses should be equal if possible.

<b>Income:</b>	<b>Amount</b>	<b>Follow-up Actual</b>	
Other grants (see Table 1 below)	\$	\$	
Fundraising	\$	\$	
Cash Donations/sponsorships	\$	\$	
In-kind contributions (non-cash – please list)	\$	\$	
Other sources (please list)	\$	\$	
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	
<b>Expenditures: (<i>identify in-kind expenditures with an asterisk</i>)</b>	<b>Amount</b>		<b>Receipts Enclosed</b>
Facilities	\$	\$	
Equipment Costs	\$	\$	
Travel costs	\$	\$	
Staff salaries	\$	\$	
Training/Development Costs	\$	\$	
Other direct related expenditures (please list):	\$	\$	
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
<b>Total expenditures</b>	<b>\$</b>	<b>\$</b>	
<b>Surplus/deficit without Urban Aboriginal Community Grant Program funding</b>	<b>\$</b>	<b>\$</b>	
<b>Requested Grant Amount</b>	<b>\$</b>	<b>\$</b>	

**Table 1 - Indicate where you have requested/accessed other grant fund sources:**

<b>Name of Organization/Fund</b>	<b>Requested</b>	<b>Received</b>
1.		
2.		
3.		
4.		