

COMMUNITY GRANT Follow-up Report

April 1st applicants - Due March 31st of following year
September 30th applicants – Due Sept. 29th of following year



Grant Number:

| | |
|--------------------|--------------------|
| Organization Name: | Main Contact Name: |
|--------------------|--------------------|

| | | | |
|------------------|------------|--------|-------------|
| Mailing Address: | | | |
| _____ | _____ | _____ | _____ |
| BOX No. | Street No. | Street | Postal Code |

| | | |
|----------|--------|--------|
| Phone #: | Fax #: | Email: |
|----------|--------|--------|

| |
|------------------|
| Name of Project: |
|------------------|

| |
|---|
| Was your project successful in achieving the goals identified in your application? Please explain. If not, why? (Attach additional info if necessary) |
|---|

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|---|
| How was the Town of Kindersley acknowledged for grant funds received? Please list (attach examples if possible) |
|---|

| | |
|--|-------|
| Follow-up Report Completed by: (Please sign) | Date: |
|--|-------|

Town of Kindersley Community Grant Budget Summary



| Income | Amount Proposed | Follow-Up Actual |
|---|-----------------|------------------|
| Cash Donations | \$ | \$ |
| Program Fees (Registration, Admission) | \$ | \$ |
| In kind contributions (please list) | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Other Grants (please list) | \$ | \$ |
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| Other Sources (please list) | \$ | \$ |
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| Total In-Kind Contribution | \$ | \$ |
| Total Income (without Town of Kindersley funding assistance) | \$ | \$ |

| Expenditures: (Identify in-kind expenditures with *) | Amount Proposed | Follow-Up Actual |
|---|-----------------|------------------|
| Wages, Honorariums | \$ | \$ |
| Program Support/Material Cost | \$ | \$ |
| Facilities / Studio / Office Costs | \$ | \$ |
| Travel Costs | \$ | \$ |
| Advertising and Promotion | \$ | \$ |
| Other direct related expenditures (please list): | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total Expenditures | \$ | \$ |
| Projected Surplus / (deficit) without Town of Kindersley funding assistance | \$ | \$ |
| REQUESTED GRANT AMOUNT | \$ | \$ |

| OTHER FUNDING SOURCES | | |
|------------------------------|------------------|-----------------|
| Name of Organizations | Amount Requested | Amount Received |
| 1. | \$ | \$ |
| 2. | \$ | \$ |

*Upon follow up, copies of receipts must be submitted and calculated as Follow Up Actual's on this form. Variations between Amount Proposed and Follow Up Actual should be explained in the follow up report. The Town of Kindersley should be advised of any major changes in the budget prior to expenditure. This financial statement must show the entire eligible project expenses incurred, not just the amount granted by the Town of Kindersley Community Grant.