



SASK SPORT

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM FOLLOW-UP FORM

2020



FUNDED BY

 SASK LOTTERIES

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM FOLLOW-UP FORM

CONTACT INFORMATION

CONTACT INFORMATION				Date:		
Name of Community/Organization:						
Contact Person:				Title:		
Address:			City:		Postal Code:	
Phone:			Email:			
Alternate Contact:				Title:		
Address:			City:		Postal Code:	
Phone:			Email:			

EVALUATING, CELEBRATING AND SUSTAINING YOUR SPORT PROGRAM

PROGRAM INFORMATION

Note: Most of the information can be found in the application that was submitted previously.

Sport Program:			Amount Granted:		
Brief summary of how the program ran:					
Start Date:			End Date:		
Is your program linked to an existing club or league?				Yes	No
If no, please explain:					

PARTICIPANT INFORMATION

Number of athletes that participated by age and gender group: (please fill in table below)			
Age Range	Female	Male	TOTAL
What was the final percentage of Indigenous participants:			%

Are the program participant's members of a Provincial Sport Organization?		Yes	No
If no, please explain:			
Number of coaches:		Were the coaches trained through ICOP?	Yes No
Please list name(s) of coaches (If additional space is required, please submit on separate sheet)		CC# (If available)	
1.			
2.			
3.			
4.			
5.			
6.			
Number of officials:		Were the officials trained through ICOP?	Yes No
Please list name(s) of officials (If additional space is required, please submit on separate sheet)			
1.			
2.			
3.			
4.			
5.			
6.			

CELEBRATION

Please briefly describe how the team celebrated their accomplishments:

PROGRAM SUCCESS, CHALLENGES AND REDUCED BARRIERS

How did you address the barriers that were listed on your application? (page 3 for reference)	
Barrier	How/Please Describe

What partnerships were created through this program?

Did your program go as planned? Please explain:

Did the program meet the needs and benefits you wanted for the community's children and youth?

Describe the program successes:

Describe the challenges you encountered.

Remember, challenges can help us discover a new way to do things and improve our programs.

Will you be running the program next year?	Yes	No
Will you require funding for next year?	Yes	No
What changes would you suggest to improve/enhance your sport program next year?		
What challenges did you find in the Return to Play Guidelines from your program?		
Other comments/notes:		

BUDGET SUMMARY

Note: You must show total expenses and revenue for the project. Revenue and expenses should be equal if possible. Copies of the actual receipts or an audited financial statement must be included.

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Cash Donations/Sponsorships	\$	\$
In-kind contributions (non-cash – please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL INCOME	\$	\$
EXPENDITURES: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs	\$	\$
Travel costs (fuel costs)	\$	\$
Athlete Training/Development Costs	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Safety/PPE	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL EXPENDITURES	\$	\$
Surplus/deficit without Indigenous Community Sport Grant funding	\$	\$
Requested Grant Amount	\$	\$

INFORMATION CERTIFICATION

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

Authorized Signature of Community Applicant

Position

Print Name

Date

PLEASE SEND COMPLETED FOLLOW-UP FORM TO:

Indigenous Community Sport Development Grant Program

CHECKLIST

- ☐ Completed Follow-up Form
- ☐ Completed budget summary in detail with **copies of receipts** or audited financial statement
- ☐ Success Stories, Photos/Photo releases

