

Activity Assistance

Enter the appropriate data in each box or "field". By default, all fields where you can enter or select information are highlighted. Applications are accepted until midnight of the deadline date.



Activity Assistance Follow-up Form

Recipient Profile

Name of Organization Recipient:

Address:

City:

Province:

Postal Code:

Phone:

Website:

Name and Title of Key Contact:

Email:

Follow-up Information: *must be submitted within 30 days of completion date of the program*

1. Initiative Title:
2. Date(s) the Initiative took place:
3. Budget:

Budget Items:	Amount
REVENUE AND EXPENSE TOTALS MUST BALANCE	
REVENUE	
Activity Assistance Requested Amount	
Registration Fees	
Self-Help	
Other Grants (specify)	
TOTAL REVENUE:	
EXPENSE	
Artist/Instructor Fee: <i>(provide breakdown of fees)</i>	
<i>Number of Instructors:</i>	
<i>Fee Breakdown (hourly/daily):</i>	
Artist/Instructor Accommodations	
Artist/Instructor Meals	
Artist/Instructor Travel	
Program Materials/Equipment: <i>What are you purchasing? List here:</i>	
Facility Rental (\$150 max eligible under grant)	
Promotion Costs (\$150 max eligible under grant)	
Other (list items) – <i>do not include operational costs or in-kind contributions – only include actual out-of-pocket project expenses</i>	
TOTAL EXPENSE:	

4. Please **ATTACH evidence of expenditures** for the total expense amount. Include copies of receipts and/or cancelled cheques to verify accountability. Invoices *will not* be accepted
5. Number of participants impacted by your program:
6. Program Outcomes (what did the participants experience or benefit, how was there a change in knowledge and/or skills?)

Activity Assistance



7. How has Activity Assistance helped your group to start, run or grow this program?

8. Did the Activity Assistance assist in reducing any barriers that limited your group's ability to offer this program? If so, what barriers to program implementation were reduced?

9. Please rate the following statements and provide any comments on how this funding opportunity has helped your organization with program development and delivery.

	Very Much	Somewhat	Neutral	Not Really	Not at All
I feel that Southeast Connection has made it easier for our group to start, run and/or grow our sport, culture and/or recreation program					
I feel this funding resource strengthened our ability to meet the sport, culture and recreation needs in our community					

Comments:

10. Signature:

Please check this box in lieu of signature indicating the information contained in this follow-up form is true and accurate and endorsed by the applicant organization.

Name, Title and Date:

11. Submit this follow-up form to:

Southeast Connection Sport, Culture & Recreation District

Or by email to: Kirsten Regel
kregel@southeastconnection.ca

Or by fax to: (306) 842.2186