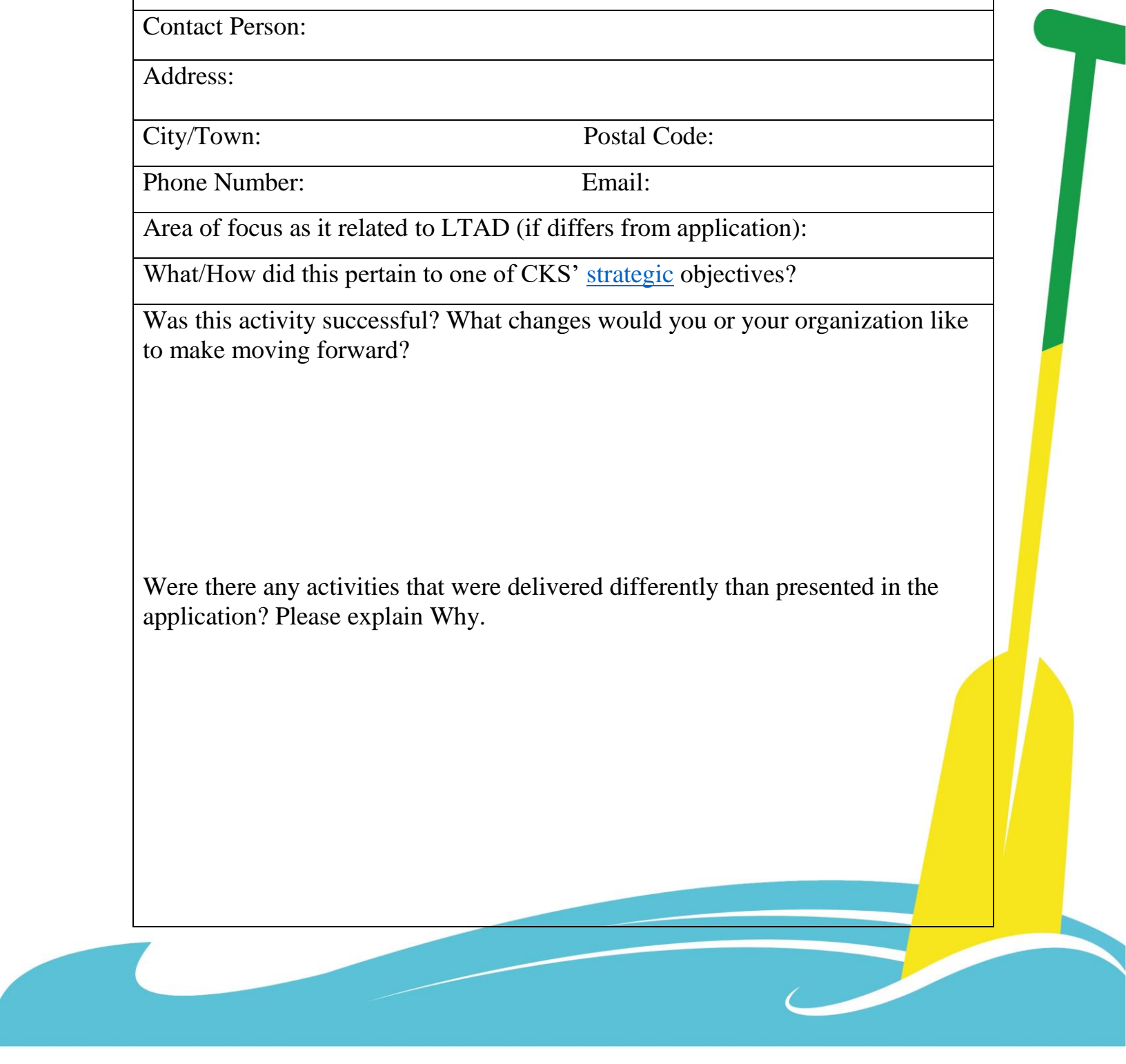




510 Cynthia Street
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Club Funding Follow-Up

Grant Information	
Paddling Organization Name:	
Contact Person:	
Address:	
City/Town:	Postal Code:
Phone Number:	Email:
Area of focus as it related to LTAD (if differs from application):	
What/How did this pertain to one of CKS' strategic objectives?	
Was this activity successful? What changes would you or your organization like to make moving forward?	
Were there any activities that were delivered differently than presented in the application? Please explain Why.	





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Please provide an assessment of the project including but not limited to; number of participants reached; demographic reached and perceived benefits; specific areas targeted from strategic plan; increased exposure; individuals who delivered the programming/event; will you run this again:

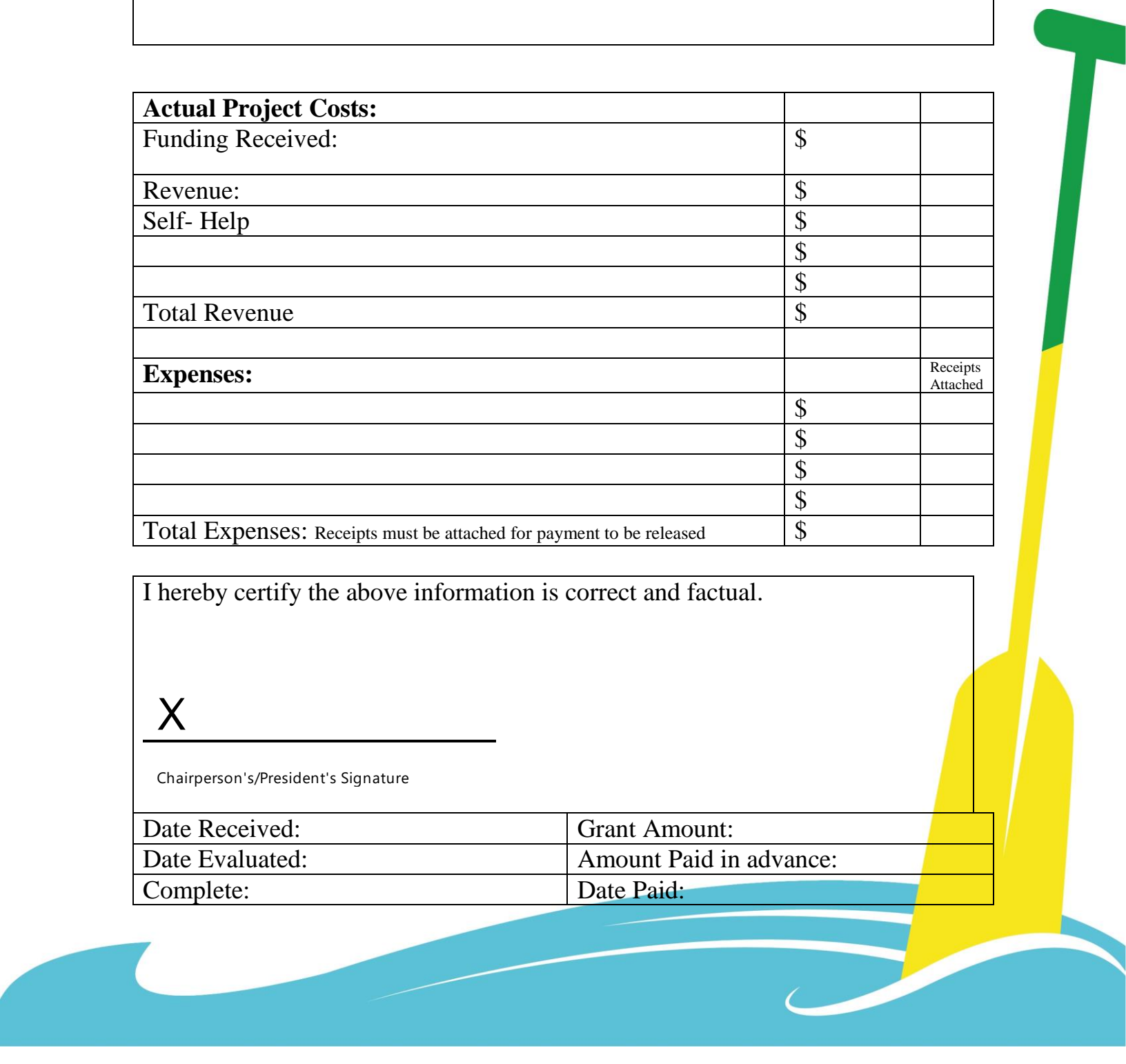
Actual Project Costs:		
Funding Received:	\$	
Revenue:	\$	
Self- Help	\$	
	\$	
	\$	
Total Revenue	\$	
Expenses:		Receipts Attached
	\$	
	\$	
	\$	
	\$	
Total Expenses: Receipts must be attached for payment to be released	\$	

I hereby certify the above information is correct and factual.

X

Chairperson's/President's Signature

Date Received:	Grant Amount:
Date Evaluated:	Amount Paid in advance:
Complete:	Date Paid:





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