

Follow-up Form for Communities
Indigenous Community Sport Development Grant

CONTACT INFORMATION

Name of Community/Organization:					
Non Profit #:		Grant # (for office use only):			
Contact Person:			Title:		
Address:		City:		Postal :	
Phone:		Fax:		Email:	
Alternate Contact:			Title:		
Address:		City:		Postal:	
Phone:		Fax:		Email:	

EVALUATING, CELEBRATING AND SUSTAINING YOUR SPORT PROGRAM

(Step 4 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

PROGRAM INFORMATION <i>Note: Most of the information can be found in the application that was submitted previously.</i>			
Sport Program: (i.e. name of sport)		Amount Granted:	
Brief description of the program:			
Start Date:		End Date:	
Is your program linked to an existing club or league?		Yes No	
If no in previous 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 in previous, please explain:

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Number of Coaches:		Were the Coaches trained through ACOP?	Yes	No
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Please list name(s) of Coaches (If additional space is required, please submit on separate sheet)	CC# (If available)
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- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Number of Officials:		Were the Officials trained through ACOP?	Yes	No
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Please list name(s) of Officials (If additional space is required, please submit on separate sheet)	
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- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

CELEBRATION

Please briefly describe how the team celebrated their accomplishments:

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PROGRAM SUCCESS, CHALLENGES AND REDUCED BARRIERS

What key barrier(s) to participation did your program successfully remove?
(please fill in the table below by checking only those that you have addressed and briefly describe)

Barrier	How/Please Describe
<input type="checkbox"/> Cost	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Access (facilities/Equipment)	
<input type="checkbox"/> Participants require necessary skill	
<input type="checkbox"/> Disability	
<input type="checkbox"/> No one to go with	
<input type="checkbox"/> Other:	

Please rate the level to which you achieved the following in your program. (check 1= low to 5=high)	1	2	3	4	5
Improved the education, health, and/or well being of Indigenous children, youth and families by decreasing barriers to sport activities					
Actively involved those to whom the programs and services were to be provided in the development, management and delivery of the programs					
Community- identified needs					

Please rate the level to which you achieved the following in your program. (check 1= low to 5=high)	1	2	3	4	5
Integrated and coordinated with other community programs and services of a similar nature					
Strived for sustainability to ensure a long lasting impact for community					
Other (provide a description)					

Did you 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 may have encountered.
Remember, challenges can help us discover a new way to do things and improve our programs.

Recommendations – describe what will happen during the sport next year/season, and what changes will be made, if any?

How will you ensure your program will run next year? Where will you get the funding? Will you have the same coaches and volunteers?

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 Grant	\$	\$
Fundraising	\$	\$
Cash Donations/sponsorships	\$	\$
In-kind contributions (non-cash – please list)	\$	\$
Other sources (please list from Table 1 below)	\$	\$
1.	\$	\$
2.	\$	\$
3.	\$	\$
Total Income	\$	\$
Expenditures: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities	\$	\$
Equipment Costs	\$	\$
Travel costs	\$	\$
Training/Development Costs	\$	\$
Other direct related expenditures (please list)	\$	\$
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
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 to:
Indigenous Community Sport Grant Program**

Checklist

- Complete Follow-up Form
- Complete Budget summary in detail with **copies of receipts** or audited financial statement
- Returned completed participant evaluations



Community
Initiatives
Fund



Canadian
Heritage

Patrimoine
canadien