

**CITY OF MOOSE JAW  
COMMUNITY PROJECTS - CAPITAL GRANT PROGRAM  
FOR SPORT, RECREATION, ART OR CULTURAL CAPITAL DEVELOPMENTS**

**Follow-Up Report**

PROJECT NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(Print Name) (Signature)

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

TOTAL AMOUNT OF FUNDING FROM GRANT: \$ \_\_\_\_\_

PROJECT SUMMARY:

**Please note that a visual inspection will be made by the Department prior to any funding awarded for the Capital Grant Program.**

**See Over →**

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**INCOME**

Financial Contributions (cash contribution from your organizations)	\$
Cash Contributions from other	\$
Donations (materials, supplies or services).	\$
Volunteer Labour (“x” hours x provincial minimum wage standards)	\$
Other	\$
Capital Grant Program Grant	\$
<b>TOTAL REVENUE BUDGET</b>	<b>\$</b>

**EXPENSES**

Expenditures (materials, supplies, services, equipment rental, professional fees)	
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**Note: Invoices, or copies of invoices must be attached to this form in order to receive funding.**

**SURPLUS  
(DEFICIT) \$ \_\_\_\_\_**