

**MOOSE JAW PARKS & RECREATION DEPARTMENT  
COMMUNITY GRANT PROGRAM**

**Date:** \_\_\_\_\_

**Follow-Up Report**

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

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

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

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

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

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

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

**Expenses:**

Wages \$ \_\_\_\_\_

Promotion \$ \_\_\_\_\_

Facility Rent \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Revenues:**

Registrations \$ \_\_\_\_\_

Self Help \$ \_\_\_\_\_  
(25% of total eligible expenses)

Grant Request \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL EXPENSES \$** \_\_\_\_\_

**TOTAL REVENUES \$** \_\_\_\_\_

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

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

**PLEASE NOTE:**

**You are required to include all the advertising for this project(s), that the City of Moose Jaw Parks and Recreation Department and the Saskatchewan Lotteries have helped sponsor your program (logos attached).**

**PROJECT SUMMARY:**

**PLEASE NOTE THAT THE DATE TO RETURN THIS FORM TO THE MOOSE JAW PARKS & RECREATION DEPARTMENT IS APRIL 15, 200....**