

**MOOSE JAW PARKS & RECREATION DEPARTMENT
SPECIAL EVENT 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....