

## Prairie Central District "Relief FUNd" FOLLOW UP FORM

PROGRAM NAME:		
DATE(S):	LOCATION:	
CONTACT INFORMATION:		
Contact Person:		
Name of Organization:		
<b>Grant Payable to</b> : (Name of 0	Organization)	
Address:	Town/City:	Postal Code:
Phone:	Email:	
Communities within the Dist	trict that were represented:	
Please indicate which group	s participated and approximatel	ly how many participants.
☐ Children		Newcomers to Canada
☐ Youth		First Nation/Metis
☐ Adults		Seniors
How many volunteers were	utilized to make this program a	reality?
How did you recruit volunte	ers?	
What program modifications	s were made to align with Sask	Health Authority COVID-19 restrictions?

On your application you indicated desired program outcomes, which of these were met? Which were not? Why?				
What was the greatest success of this project?				
What was the biggest challenge/barrier with this project? Did receiving the Relief FUNd assist to minimize/eliminate this barrier? Yes No How?				

## **BUDGET**

Expense	Amount	Revenue	Amount
	\$	Prairie Central District	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$

## Attach to this follow-up report:

$\square$ Copies of actual receipts for a	ipproved expenses.
$\square$ Copies of promotional items (	ie: brochures, newspaper ads or write ups, posters, programs, etc.).
☐ Photos & participant commer	nts (consent of use received by the organization)
Completed follow-up with the above completion to the address below.	supporting materials, must be received within 30 days of project
l,	certify this to be an accurate account of the above project.
Contact signature	

## **Prairie Central District for Sport Culture and Recreation**

c/o Relief FUNd Box 370, Southey, SK SOG 4P0

Fax: 306-726-2052 or

Email: aileen.pcdscr@sasktel.net or crystal.pcdscr@sasktel.net

