

## **FOLLOW-UP REPORT**

**CONTACT INFORMATION** 

The purpose of this report is to show how the Foundation grant was used by your organization. Please ensure that this report, and the necessary financial reporting documents are sent to the Foundation Office by **September 30**.

Organization Nam	ne:			
Non-profit Corporation Number:				
Contact Person:		Position:		
Address:				
City:		Postal Code:		
Phone:		Cellular:		
Email:				
PROJECT INFORMATION				
Name of project or type of project:				
How did the grant benefit your organization?				
Your recommendations about the project:				

How was/will the grant be recognized by your organization?				
If equipment was purchased, were 1989 Jeux Canada Games Foundation Inc. lo	ogo stickers affixed?			
Yes No				
GRANT INFORMATION				
Grant Amount:	\$			
Total of receipts (attached):	\$			
Unspent balance:	\$			
REQUIRED ATTACHMENTS				
☐ Financial Statements				
☐ Copies of all receipts				
☐ Cheque for the unspent balance (if applicable)				
OTHER COMMENTS				

DECLARATION	
On behalf of our organization, I hereby agree that the terms and conditi Games Foundation Inc. Guidelines have been adhered to and that the i is correct and true.	
Signature	Date

## RETURN THE FOLLOW-UP REPORT BY SEPTEMBER 30 TO:

1989 Jeux Canada Games Foundation Inc. Email: <a href="mailto:1989canadagames@gmail.com">1989canadagames@gmail.com</a>

## If you have any questions contact:

Heather Kuttai

Phone: (306) 230-2143

Email: 1989canadagames@gmail.com

sasksport.ca/funding-recognition/other-funding-sources/1989-jeux-canada-games-foundation-inc