

Follow- Up Form for Communities 2011-12 Aboriginal Community Sport Grant

1. Grant Recipient Information

Name of Community/Organization: _____

Non Profit #: _____ Grant # (office use): _____

Address: _____

Postal Code: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Alternate contact for your organization:

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

2. What was the grant amount that was received: \$ _____

3. Indicate the type of sport program:

ie. Soccer, Table Tennis, Judo, etc. _____

Starting Date of Program: _____

Completion Date of Program: _____

Location(s): _____

The purpose of the Aboriginal Community Sport Grant Program is to provide greater sport participation and development opportunities for Aboriginal youth in Saskatchewan. Please complete the following:

Participation

a) How did your sport program increase the number of Aboriginal youth participating in sport programs?

b) Please provide the actual participation numbers for your project based on the following age and gender grid.

Age Ranges	Male	Female	Total
6-9			
10-12			
13-16			
Total			

c) What was the final percentage of Aboriginal participants: _____%

d) What key barrier(s) to participation did your program successfully remove?
 (Check as many as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> cost | <input type="checkbox"/> not aware of activity |
| <input type="checkbox"/> transportation | <input type="checkbox"/> lack of leaders and role models |
| <input type="checkbox"/> access to facilities/equipment | <input type="checkbox"/> disability |
| <input type="checkbox"/> health and nutrition issues | <input type="checkbox"/> no one to go with |
| <input type="checkbox"/> participants require necessary skills | <input type="checkbox"/> lack of childcare support |
| <input type="checkbox"/> lack of cultural sensitivity | <input type="checkbox"/> Other: _____ |

e) What strategies did you utilize to reduce the barrier(s) to participation indicated?

Capacity

a) Describe the types of leadership and volunteer development initiatives that occurred through this activity. How did it occur and who conducted it? Be as specific as possible, including at least; who was involved, when it occurred, how many participated, instructors, coaches, coordinators, participant training, etc.

c) Did your coaches receive training through the Aboriginal Coaches and Officials Program?

Yes

No

If yes, how many _____

7. How was this program promoted to the public?

posters newsletter newspaper banners radio
 TV speeches word of mouth other: _____

Did you acknowledge Sport Canada and Saskatchewan Lotteries as the source of funding for your program?

Yes

No

8. Other Comments:

10. Information Certification

I hereby certify that the information contained in this follow up form is accurate and complete.

Authorized Signature

Date

Print Name

Please send completed follow up form to:

Aboriginal Community Sport Grant Program
Prairie Central District for Sport, Culture and Recreation
Attention: Fred Lowenberger
Box 37
REGINA SK S4P 2Z5
Attention: Fred Lowenberger
Phone: 1-306-789-1888 and Fax: 1-306-789-9952
Email: fred.pcdscr@sasktel.net

Checklist

- Complete Follow-up Form;
- Completed planning Step 4 worksheet from the “Community Sport for Children and Youth – Planning Toolkit”; and
- Completed budget summary in detail with receipts or audited financial statement (page 8).