HOSTING GRANT

FOLLOW-UP REPORT

**Sport and Recreation Stream**

**DUE DATE:** This Follow-Up Report must be submitted within 90 days of the completion of the initiative.

**CONTACT:** If you require assistance, contact us at communityinvestments@regina.ca.

**SUBMIT:** An electronic copy of the Follow-Up Report and required attachments can be sent to communityinvestments@regina.ca OR hand delivered to the following address:

Community Investments

Parks, Recreation & Cultural Services City Hall, 2476 Victoria Ave

PO Box 1790

Regina, SK S4P 3C8

**FUNDING:** The final 20 per cent of the approved funding amount is released after the Follow-Up Report has been reviewed and approved by the City of Regina.

|  |  |  |
| --- | --- | --- |
| 1. | Organization Legal Name: |       |
|  | Mailing Address:  |       | Postal Code: |       |
| 2. | Contact Person: |       |
|  | Mailing Address: |       |
|  | Telephone No: |       |
|  | E-mail: |       |
| 3. | Name of Event: |       |
| 4. | Event Date(s): |       |
| 5. | Approved City of Regina Funding: $ |       |
| 6. | Funding Year: |       |

 **Attachments** (number all attachments to correspond with this list):

|  |
| --- |
| [ ]  #1 - Attach a copy of the printed promotional material that recognizes the City’s contribution to the initiative (e.g., website pages, brochures, posters, etc.). |
| [ ]  #2 - Attach a financial statement specific to the competition, which shows actual revenues and expenditures. |
| 7. | How many people participated in this event? |
|  | Competitors:       | Volunteers:       |
| 8. | How many people that participated were from Regina? |
|  | Competitors:       | Volunteers:       |
| 9. | What were the age and gender of the competitors? |
|  | Age:       | Gender:       |
| 10. | How many spectators attended this event (not including competitors or volunteers)? |
|  |       |
| 11. | Was this event open to the public? [ ]  Yes [ ]  No |
|  | List all applicable admissions fees: |
|  |       |
| 12. | What was the scope of the competition? |
| [ ]  International [ ]  National [ ]  Western Canadian [ ]  Provincial |
| 13. | Which provinces/countries were represented? |
|  | Provinces:       |
|  | Countries:       |
| 14. | What facilities were used to host this event? |
|  |       |
| 15. | What other organizations were involved in the event as partners? |
|  |       |
|  |  |
| 16. | What sport related outcomes (impacts, benefits, results) did you achieve by hosting this event? |
|  |       |
| 17. | What was the estimated economic impact of the event? |
|  |       |
| p |   |
| 18. | What steps were taken to reduce barriers to participation (e.g., cost, transportation, etc.) for this event? |
|  |       |

**APPLICATION AGREEMENT**

# Freedom of Information and Protection of Privacy

The City of Regina is committed to protecting the privacy and confidentiality of personal information. All personal information that is collected by the City is done so in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act.* The information collected in this application will be used to administer the Community Investment Grants Program. De-identified, aggregate information will be used by City of Regina for program planning and evaluation. This application will be distributed to the adjudicators of the Community Investment Grants Program.

# Representations

In making this application, we the undersigned Board Members/Executive Director hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate, that we have read and agree to comply with the Grant Guidelines and the application is made on behalf of the above-named organization and with the Board of Director's full knowledge and consent. We further represent that the above-named organization is registered as a non-profit corporation pursuant to the laws of Saskatchewan and agree that the organization shall remain so registered for the duration of the term of the grant.

**Two signatures are required:**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
| Board Member Name (print) | Signature | Position | Date |
|       |       |       |       |
| Board Member orExecutive Director Name (print) | Signature | Position | Date |