



## SNOW ANGELS COMMUNITY GRANT FOLLOW UP REPORT

**DUE DATE:** This Follow Up Report must be completed and submitted within 30 days of completion.

**CONTACT:** If you require assistance, contact us at [communityinvestments@regina.ca](mailto:communityinvestments@regina.ca).

**SUBMIT:** An electronic copy of the Follow-Up Report and required attachments to [communityinvestments@regina.ca](mailto:communityinvestments@regina.ca) OR mail, or hand deliver to the following address:

City of Regina – Attention: Community Investments  
City Hall,  
2476 Victoria Ave - PO Box 1790  
Regina, SK S4P 3C8

**PAYMENT:** Full payments have been made to all organizations. There will be no follow up payments upon completion on this report.

**IMPACT:** The City implements an outcomes-based program that is aligned with corporate priorities and built on the principles of accountability and transparency. The information and performance measurements provided in this follow up report are shared with the public and reported to City Council to illustrate the impacts/benefits to the community.

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### Organization's

1. **Legal Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

2. **Contact Person:** \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. **Grant Amount Awarded:** \$ \_\_\_\_\_

4. **Funding Year:** \_\_\_\_\_

5. **Program End Date:** \_\_\_\_\_

6.  Attach a complete financial statement with the breakdown of expenditures specific to the program.

7.  Attach a copy of any printed or online promotional material that recognizes the City's contribution to the initiative. (i.e. website pages, brochures, flyers, posters, Facebook posts, etc).

**General Questions**

8. Describe the impact the initiative had on your organization.

9. Describe the impact the initiative had on the community.

10. What were the overall successes of your model/program?

11. What were the challenges of your model/program?

12. How did you target your program?

13. On average, were you able to complete requests within 24 hours, 48 hours, or more than 48 hours?

14. Did your volunteers clear sidewalks, driveways, and/or snow ridges?

15. Did you have any successes and/or challenges around quality of service?

16. Are there any changes that you would need to make to offer this program in an ongoing and sustainable fashion (i.e. are there any additional supports needed to improve and/or expand the service)?

17. Please provide any personal impact statements from participant(s) related to their experience with this pilot initiative.

<b>15. Numerical Data</b>	
	<b>Current Year</b>
Total number of staff involved	
Total number of staff hours	
Total number of volunteers	
Total # of volunteer hours	
Total number of requests	
Total number of requests not met	
Total number of requests met	

Total number of one-time clearing locations	
Total number of multi-visit locations	
Total # of exposures of the City of Regina logo (# of brochures and posters, # of website views, etc.)	

**Expenditures**

Please provide a financial statement indicating the budgeted and actual expenses of your program for the funding period. If there are any additional notes related to the financial statement, please provide them here (optional):

**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 report and information collected in this follow up report will be used by City of Regina administration and Council to advise on planning future programs and services as well as evaluation.

**Representations**

In making this application, we 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 and the application is made on behalf of the above-named organization and with the Board of Director's full knowledge and consent.

Authorized Signing Officer	Signature	Position	Date
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