

## INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM

**FOLLOW-UP FORM** 

2025



## INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM FOLLOW-UP FORM

Date:

**CONTACT INFORMATION** 

Name of Community/Organization:

Contact Perso	n:				T	itle:				
Address:				City:			Postal Co	ode:		
Phone:			1	Email:						
Alternate Con	tact:				Т	itle:				
Address:				City:			Postal Co	ode:		
Phone:				Email:						
EVALUATING, CELEBRATING AND SUSTAINING YOUR SPORT PROGRAM  PROGRAM INFORMATION Note: Most of the information can be found in the application that was submitted previously.										
Sport Program	n:					Amount (	Granted:			
Brief summar	y of ho	w the progra	am ran:							
Start Date: End Date:  Is your program linked to an existing club or league? Yes No										
If no, please explain:										
PARTICIPANT INFORMATION										
Number of athletes that participated by age and gender group: (please fill in table below)										
Age Range				emale		1	Male		TOTAL	
- 190 1 101190									0	
									0	
What was the	What was the final percentage of Indigenous participants:					%				

Are the program participant's members of a Provincial Sport Organization?  Yes  No					○ No		
If no, please explain:							
Number of coaches:		Vere the coaches trained through IC		O Yes	○ No		
Please list name(s) of of (If additional space is rec		ubmit on separate sheet)		C# f available)			
1.							
2.							
3.	3.						
4.							
5.							
6.							
Number of officials:	l v	Vere the officials trained through IC	OP?	OYes	O No		
Please list name(s) of officials (If additional space is required, please submit on separate sheet)							
1.							
2.							
3.							
4.							
5.							
6.							
CELEBRATION							
Please briefly describe	how the team	celebrated their accomplishments:					
		•					
PROGRAM SUCCESS, CHALLENGES AND REDUCED BARRIERS							
How did you address the barriers that were listed on your application? (page 3 for reference)							
Barrier		How/Please Describe					

What partnerships were created through this program?
Did your program go as planned? Please explain:
Did your program go as planned: Flease explain.
Did the program meet the needs and benefits you wanted for the community's children and youth?
Describe the program successes:
<b>Describe the challenges you encountered.</b> Remember, challenges can help us discover a new way to do things and improve our programs.
Tomoribor, challenges carrier as discover a new way to do things and improve our programs.

Will you be running the program next year? O Yes O No				
Will you require funding for next year?	○ Yes ○ No			
What changes would you suggest improve/enhancing your sport program next year?				
Other comments/notes:				

## **BUDGET SUMMARY**

**Note:** You must show total expenses and revenue for the project. Revenue and expenses should be equal if possible. Copies of the actual receipts or an audited financial statement must be included.

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Cash Donations/Sponsorships	\$	\$
In-kind contributions (non-cash – please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL INCOME	\$	\$
EXPENDITURES: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs	\$	\$
Travel costs (fuel costs)	\$	\$
Athlete Training/Development Costs	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Safety/PPE	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL EXPENDITURES	\$	\$
Surplus/deficit without Indigenous Community Sport Grant funding	\$	\$
Requested Grant Amount	\$	\$

## **INFORMATION CERTIFICATION**

I hereby certify that the information contained in this follow-up is accurate and complete.						
Authorized Signature of Community Applicant	Position					
Print Name	Date					
PLEASE SEND COMPLETED FOLLOW-UP FORM TO:  Indigenous Community Sport Development Grant Program  Ryan Karakochuk  Program Manager  Northern Sport Culture & Recreation District rkarakochuk@nscrd.com						
CHECKLIST  Completed Follow-up Form Completed budget summary in detail with cop Success Stories, Photos/Photo releases	ies of receipts or audited financial statement					





