



Facility Operator Support Program

Follow-Up Form

As a condition of this funding assistance program, all recipients of the *Facility Operator Support Program* must complete this follow-up report no later than 4 weeks upon conclusion of the course/training opportunity.

Name of Organization: _____

Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Email: _____

What was the course/training opportunity for which the funding was received?

Which employee(s) completed the course/training opportunity?

Name: _____ Position: _____

Name: _____ Position: _____

Did the employee(s) successfully complete the course/training opportunity?

Yes Number of successful course/training opportunity completions _____

No Number of unsuccessful course/training opportunity completions _____

How has this/will this course/training opportunity benefit your:

Organization: _____

Employee: _____

Community: _____

Facility: _____

How much funding did you receive from Rivers West District for this course/training opportunity:

\$ _____

Expenditures:

Please list all expenditures incurred at this course/training opportunity. Please include photocopies of the expenditures.

Expenditures – Actual	Cost
Mileage/travel (both ways at \$.50/km)	
Meals (maximum \$40/day)	
Accommodations	
Registration fees	
Course materials	
Other (please itemize)	
Total Actual Expenditures	

I hereby certify that the information provided in this follow-up report is a true and accurate account of the expenditures incurred while attending the aforementioned course/training opportunity:

Authorized signature

Date

Applications will be funded to a maximum of \$500 per participant. Each community will be funded to a maximum of \$1,000 per fiscal year (April 1 to March 31). Funding will only be forwarded after the follow-up form with copies of all related expenses has been submitted to Rivers West District, no later than 4 weeks after successful completion of the course/training opportunity. Failure to do so will jeopardize any future funding requests by your organization/community.

Please ensure that all sections are complete before returning the completed form to:

**Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 1480, Rosetown, SK., S0L 2V0
Attention: Donna Johnston-Genest, Executive Director
Email: rwdscr.donna@sasktel.net Fax #: (306) 882-2744**

For Office Use Only:

Date received: _____ Follow-up approved: _____

More information required: _____

