

**Rivers West District for Sport, Culture & Recreation**  
**ARTS OUTREACH PROGRAM**  
**FOLLOW-UP FORM**



<b>ARTS OUTREACH PROGRAM FOLLOW-UP FORM</b>					
<b>Contact Information</b>					
Name of Recipient:					
Address:					
City:	Province:			Postal Code:	
Phone:			Website:		
Name and Title of Key Contact:					
Email:					
<b>Follow-up Information</b>					
1) Please rate the following statements and provide any comments on how this funding opportunity has helped your organization with program development and delivery.					
	<b>NOT AT ALL</b>	<b>NOT REALLY</b>	<b>UNDECIDED</b>	<b>SOMEWHAT</b>	<b>VERY MUCH</b>
I feel that Rivers West has made it easier for our group to start, run and/or grow our culture program.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel that this funding/program resource strengthened our ability to meet the cultural needs in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2) Number of workshop participants _____					
3) Describe the ARTS OUTREACH PROGRAM workshop your community/organization participated in. Describe any partnerships that may have occurred between organizations/communities to host the workshop.					

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4) Did the ARTS OUTREACH PROGRAM provide opportunities for skill development? Explain.

5) How has the ARTS OUTREACH PROGRAM helped your group to start, run or grow this art/cultural activity in your community?

6) Did the ARTS OUTREACH PROGRAM assist in reducing any barriers that limited your group's ability to offer art/cultural programming? If so, what barriers to program implementation were reduced?

7) Signature

*The information contained in this follow-up is true and accurate and endorsed by the application organization:*

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Signature and Date

8) Submit follow-up form to:

Bonnie Mills Midgley, Community Development Coordinator  
Rivers West District for Sport, Culture & Recreation  
P.O. Box 717, St. Walburg, SK, S0M 2T0

Or by email to: [rwdscri.loyd@sasktel.net](mailto:rwdscri.loyd@sasktel.net)

Or by fax to: 306-248-3484

**Follow-up Form Deadline Date:**

**30 days after completion of workshop**