



RECREATION GRANT ACCOUNTABILITY STATEMENT

City of Whitehorse Recreation Services



FOR DEPARTMENT USE ONLY

Date Received:		Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
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Registered name of organization:	
Contact (one person only):	
Title of Contact Person:	
Phone:	
Alternate Phone:	
Email:	
Mailing Address (organization):	

Date of project: <i>(for which the funds were granted)</i>	
Name of project:	
Category Funded:	<input type="checkbox"/> Ongoing Projects & Initiatives <input type="checkbox"/> New Projects & Initiatives <input type="checkbox"/> Training & Leadership Development <input type="checkbox"/> Operational Support
Grant amount:	\$ _____
Grant session: <i>(Complete one)</i>	Spring 20____ Fall 20____

Accountability Statement Deadline Dates:

Spring Grant due March 15 | Fall Grant due September 15

Summary of Project: *Include brief description of project and project outcomes, how the City was recognized, media coverage, equipment purchased if applicable (list model/serial numbers). Attach additional info on a separate page*

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Please complete the following:

	# of volunteers involved in your project
	# of participants/audience or attendees involved in your project
	# of community partners involved with your project (financial or in-kind support)

If you offered a leadership training or coaching program(s), please complete this portion:

Name of Program/Course	# of people who attended (by age)			
	0-12 yr	13-18 yr	19+	Total #

Project Costs

PLEASE NOTE: Applicants are required to keep proof of expenditures in case of auditing purposes. Please keep receipts or copies of receipts and cancelled cheques.

Project Expenditures:	\$		Financial Summary (<i>Check One</i>):
Project Revenues			<input type="checkbox"/> Grant Funds Completely Spent
City of Whitehorse	\$		<input type="checkbox"/> Grant Funds not completely spent; refund due
Recreation Grant:			Enclose cheque payable to the City of Whitehorse
Other:	\$		Refund Amount: \$

The person who has completed the form undersigned, declares to the best of our knowledge, that the funds received from the City of Whitehorse were spent in accordance with the policies of the grant and that the information contained in this statement is correct.

Name _____ Title _____ Date _____

