

MUNICIPAL CULTURAL ENGAGEMENT AND PLANNING GRANT

- Follow-up Form -

Mail to: SaskCulture Inc., 404 – 2125 11th Avenue, Regina, Saskatchewan S4P 3X3

Identification							
Municipality Name							
Mailing Address	City	Posta	ostal Code				
Phone Number	Fax Numbe	er Emai	nail Address				
Contact Person	Signature*	Date	Date				
Name of Administrator (must be an elected office		Date	ite				
Project Name							
Grant Number	Amount being requested on follow-up	Project Start Date: MM/DD/YY	Project End Date: MM/DD/YY				
_	eby affirm that all conditions stated in the ald true statement. One of the signatures r		een met and that this follow-up form				
Project Report & Evaluation: Provide a brief report on the project (about one page), including what actually took place and the impact/benefit the project had on the community. Include the means of evaluation utilized. Attach reports, documents and/or newspaper clippings/media coverage produced during project.							
Financial Report Provide a report showing actual project expenditures and a full schedule of actual revenues, including grants and self-generated revenue related to the project. (Follow-up budget form enclosed.) Include copies of receipts to verify accountability of eligible expenses. All receipts must be sorted according to budget lines and dated within the granting period.							
Promotions Profile ☐ Include a description and/or evidence of how Saskatchewan Lotteries and SaskCulture were publicly acknowledged as a source of funds for the program.							

SASKCULTURE INC. MUNICIPAL CULTURAL ENGAGEMENT AND PLANNING GRANT

FOLLOW-UP BUDGET FORM

PROJECT REVENUES	PROPOSED (Budget from Original Application)	ACTUAL	PROJECT EXPENSES	PROPOSED (Budget from Original Application)	ACTUAL
Municipal Cultural Engagement and Planning Grant			ELIGIBLE PROJECT EXPENSE DETAILS		
Other Confirmed Grants			Consultant/ Facilitator/Mentor		
			Meeting costs		
			- Advertising		
Other Pending Grants			Space/rentalCoffee/meals		
			- Coffee/means		
A Programme			Audio visuai		
Applicant contribution to the project			Project Staff to conduct project activities (# hrs and cost per hour)		
Other Revenues			Other (please describe)		
			TOTAL ELIGIBLE EXPENSES (This grant will only cover up to 50% of Total Eligible Expenses)		
			INELIGIBLE EXPENSES		
			Overhead/ Administration Other		
			TOTAL INELIGIBLE EXPENSES (Not used in calculating remaining amount for this grant)		
TOTAL REVENUES			TOTAL EXPENSES		

NOTE: Please refer to Eligible and Ineligible Expenses in the Grant Guidelines. All costs must be directly related to the activity proposed. Attach a separate sheet if required. $F:\SC\FINANCIAL\PROGRAM\ INITIATIVES\5.\ MCEP\I.\ Forms\Follow-up\ Form\MCEP\ Follow-up\ doc$