

# CULTURE DAYS FUNDING

## ASSISTANCE



## FOLLOW-UP REPORT- Cultural Hubs

\*\*Please note that a fillable PDF version of this form will be available on our website.

#### Identification

| Name of Organization          |                         |        |                           |
|-------------------------------|-------------------------|--------|---------------------------|
| Names of Partnering Organizat | ions                    |        |                           |
| Mailing Address               |                         | Postal | Code                      |
| Phone#                        | Fax#                    |        | Email Address             |
| Contact Person                |                         |        | Title                     |
| Project/Hub Event Name        |                         |        | Location                  |
| Grant Number                  | Amount due on follow-up |        | Project Date(s): MM/DD/YY |

#### Attachments

#### **Project Evaluation:**

Provide a brief <u>one-page report</u> on the project, including what actually took place and the impact/benefit the project had on participants and Saskatchewan. Attach the report to this form. In the form below, please provide the following project information. Please estimate as close as you can if you are unsure.

#### **Funder Recognition:**

Provide description and/or evidence of how Saskatchewan Lotteries and SaskCulture were publicly acknowledged as a source of funds for the program.

#### **Financial Report**

Provide a cost report showing actual project expenditures and a full schedule of actual revenues, including grants and self-generated revenue related to the project. Include copies of receipts to verify accountability. All receipts must be dated within the granting period. (Follow-up budget form enclosed.)

### Certification

| The undersigned hereby affirms that all conditions stated in the guidelines for this program have been met and that this follow-up form constitutes a correct and true statement. |  |  |  |
|---|--|--|--|
| Name of Applicant Signing Authority   | Signature of Applicant Signing Authority |  |  |
| Title   | Date                                     |  |  |

## Culture Days Funding Assistance Survey

| How many registered interactive cultural activities did you offer at your Culture    | Number of            |
|--|----------------------|
| Days Event(s)? Please list.  | activities:          |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
| How did you promote the Culture Days event?  |                      |
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|  |                      |
|  |                      |
| If you have photos or video from your event, would SaskCulture be able to access the | em for use in future |
| Culture Days promotions? If yes, please email them to mbrownridge@saskculture.ca. Th |                      |
|  |                      |
| □ Yes □ No   |                      |
| Did you consider your Culture Days activity a success? Please explain why or why no  |                      |
|  |                      |
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|  |                      |

### **Cultural Engagement**

| How many cultural workers were hired for your Culture Days activity?                          |   |
|---|---|
| Of these cultural workers, how many were professional artists?                                |   |
| How much of your budget went to pay these artists?  |   |
| How many volunteers worked at your event(s)?  |   |
| What is the total number of people who attended your Culture Days event(s)?                   |   |
| What is the total number of participants who completed a 'hands-on' activity?                 |   |
| Please estimate how many participants were trying new cultural activities for the first time. |   |
| Of this total, please estimate:   |   |
| % of children and youth (under age 29)  | % |
| % of adults (30 to 54 years)  |   |
| % of seniors (55+ years)  | % |
|   | % |

## Activity Organizer

| . Rate your organization's satisfaction with SaskCulture's Culture Days Funding ssistance.  | 1234                     |
|---|--------------------------|
| . Will you participate in Culture Days next year? If the answer is no or maybe, lease explain:                                      | □ Yes<br>□ Maybe<br>□ No |
| . Would you still hold a free-for-the-public Culture Days event in the future if nere was no specific Culture Days grant available? | □ Yes<br>□ Maybe<br>□ No |

## CULTURE DAYS HUB BUDGET SUMMARY

This is a sample of possible budget items. Please include an itemized list of expenses and revenue in your budget. <u>Attach another sheet to show your calculations if necessary</u>. Ensure itemized copies of receipts are included to verify accountability. Please note that all eligible receipts must be dated within the granting period.

| Income  | Amount Proposed<br>(with grant application) | Follow-Up Actual* |
|---|---|-------------------|
| SaskCulture Grant Request                     | \$  | \$                |
| Cash Donations/Fundraising                    | \$  | \$                |
| Program Fees                                  | \$  | \$                |
| Other sources (please list)                   | \$  | \$                |
| 1.  | \$  | \$                |
| 2.  | \$  | \$                |
| In kind contributions (non-cash- please list) | \$  | \$                |
| 1.  | \$  | \$                |
| 2.  | \$  | \$                |
| Total In-Kind Contribution                    | \$  | \$                |
| Total Income                                  | \$  | \$                |

| Expenditures:                             | Amount Proposed | Follow-Up Actual* |
|---|-----------------|-------------------|
| (identify in-kind expenditures with an *) |                 |                   |
| Wages, Honorariums other than to Artists  | \$              | \$                |
| Artist Fees                               | \$              | \$                |
| Program /Materials Cost (Supplies)        | \$              | \$                |
| Facilities / Studio Rentals               | \$              | \$                |
| Equipment Rentals                         | \$              | \$                |
| Travel Costs                              | \$              | \$                |
| Advertising and Promotion                 | \$              | \$                |
| Print Materials                           | \$              | \$                |
| Office or Administration Costs            | \$              | \$                |
| Other Expenditures (please list):         | \$              | \$                |
| 1.  | \$              | \$                |
| 2.  | \$              | \$                |
| 3.  | \$              | \$                |
| 4.  | \$              | \$                |
| 5.  | \$              | \$                |
| 6.  | \$              | \$                |
| Total Expenditures                        | \$              | \$                |
| Projected surplus/(deficit)               | \$              | \$                |

Please submit this follow-up form with all relevant receipts and supporting documents by November 27, 2015 to:

Dominga Robinson SaskCulture Inc. #404-2125 11<sup>th</sup> Avenue Regina, SK S4P 3X3