

FOLLOW-UP REPORT FORM 2011-2012

<p>FOLLOW-UP REPORT SUBMISSION DEADLINE: By January 31, 2012</p>	<p>PLEASE SUBMIT TO: Program Administrator Community Recreation Development Grants Recreation and Sport Division Department of Tourism, Culture and Recreation 2nd Floor, West Block Confederation Building P.O. Box 8700 St. John's, NL A1B 4J6 Fax: 709-729-5293 E-Mail: seniorsgrants@gov.nl.ca</p>	<p>OFFICE USE ONLY: Consultant: _____ Date Received: Y/____M/____D/____</p>
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Please Note: Completing and submitting a copy of this Follow-Up Report is a condition of consideration of approval of funding for Fiscal Year 2012-13. Grants will not be approved for funding in Fiscal Year 2012-13 or subsequent years if the applicant has any outstanding follow-up reports from previous Seniors Community Recreation Grants.

Name of Municipality: _____

Name of Committee/Commission/Organization: _____

Contact Person and Title: _____

Street/P.O Box: _____

Postal Code: _____ Telephone: _____ Fax: _____

Email Address: _____

Have you met all relevant conditions outlined in your funding agreement? Yes No
 If not, please explain below why you were unable to do so? (attach separate sheet if necessary)

How many volunteers contributed to your programs/services related to this grant?

How many seniors participated in your programs/services related to this grant?

How many new seniors participated in your programs/services related to this grant?

How many times per week did the project take place?

Based on your original proposal/application, did your programs/services proceed as proposed?

Yes No

If not, please explain below (attach separate sheet if necessary).

Where was the project carried out to? (Community(s), Facility(s), etc.)

Number and type of Initiatives and Activities undertaken (Please list and briefly describe each initiative or activity.)

Initiatives / Activities	Estimate # of Participants
	Seniors
1.	
2.	
3.	
4.	

5.	
Comments: (Please use separate sheets if necessary)	
Were there any linkages set up with regional and provincial initiatives such as Provincial Healthy Aging Policy Framework, Provincial wellness plan, Smoke Free, Small Steps etc.: (Please use separate sheets if necessary)?	
Please describe and comment on any Training or Payment of Registration Fees which occurred with the assistance of this funding:	
Training or Registration Fees Activity	Number of Participants
1.	
2.	
3.	
4.	
Comments: (Please use separate sheets if necessary)	
Please list any partners who participated in your activities:	
Partner Name	Amount of Contribution / In-Kind Contribution

1.	
2.	
3.	

What statement best describes your community?

Yes, my community is _____ in recreation / physical activity / wellness initiatives for seniors and activities because of the Seniors Community Recreation Grants. Please tick appropriate statement that applies to your community.

Better served **Somewhat better served** **Not better served**

If better served or somewhat better served, please describe how your community is better/somewhat served. What were the main benefits of your Seniors Community Recreation Grant Funding on participation in, and access to, your recreation / physical activity / wellness programs for seniors? If not better served, please explain why not.

Any other comments? (Please use separate sheets, if necessary)

<i>Final Financial Report (Attach separate sheet if needed)</i>			
Item #	Expense	Revenue	In-kind (\$)
1			
2			
3			
4			
5			
6			
7			
8			
	Total Expenses	Total Revenue	Total In-kind (\$)

FOLLOW-UP REPORT SUBMISSION

Please send this completed Follow-Up Report **on or before January 31, 2012** to:

Program Administrator
 Community Recreation Development Grants
 Recreation and Sport Division
 Department of Tourism, Culture and Recreation
 P.O. Box 8700, St. John's, NL, A1B 4J6
 Fax: 709-729-5293
 E-Mail: seniorsgrants@gov.nl.ca

I declare:

- This Follow-Up report Form has been reviewed
- The information is true and accurate

Contact Person signature

Print Name

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

David Doyle, Consultant

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ACCESS TO INFORMATION AND PROTECTION OF PRIVACY STATEMENT

The Organization acknowledges and agrees that this Follow-Up Report Form and information regarding it are subject to the *Access to Information and Protection of Privacy Act* (ATIPPA) and that the Grantor may publicly disclose information in relation to this Agreement, including its terms and the details of the Organization, as authorized under the *Act*.

Any information provided by you to the Department of Tourism, Culture and Recreation can be accessed by you during standard office hours and updated by writing to the Recreation and Sport Division through the Department of Tourism, Culture and Recreation's Key Contacts listed above, or by calling the ATIPP Coordinator at (709) 729-6370. All information provided on this form and gathered throughout the assessment process will be stored on a database that will only be accessed by authorized departmental personnel and is subject to privacy restrictions.

The Department of Tourism, Culture and Recreation may wish to provide certain information to the media for promotional purposes. The information will only include the organization's name, the grant amount and, if relevant, the programs, services and activities for which the grant will be used.