

NEW INITIATIVE GRANT PROGRAM

FOLLOW-UP REPORT

**DUE DATE:** This Follow-up Report must be submitted within 90 days of the completion of the initiative.

**CONTACT:** If you require assistance, contact us at communityinvestments@regina.ca.

**SUBMIT:** An electronic copy of the follow-up report and required attachments to communityinvestments@regina.ca OR mail or deliver to the following address:

City of Regina - Community Investments Parks, Recreation & Cultural Services

6th Floor, City Hall, PO Box 1790, Regina SK S4P 3C8

**PAYMENT:** The final 20 per cent of the approved funding amount is released after the Follow-Up Report has been reviewed and approved by the City.

**IMPACT:** The City implements an outcomes-based program that is aligned with corporate priorities and built on the principles of accountability and transparency. The information and performance measurements provided in this follow-up report are shared with the public and reported to City Council to illustrate the impacts/benefits to the community.

|  |  |
| --- | --- |
| **Organization’s Legal Name:** |       |
| Mailing Address: |       | Postal Code:       |
| Contact Person: |       |
| Telephone No: |       |
| E-mail: |       |
| Name of Initiative: |       |
| Initiative Date(s): |       |
| Initiative Location(s): |       |
| Amount of Funding Approved: |       |
| Funding Stream: |       |
| [ ]  Attach a complete financial statement with the breakdown of actual revenues and expenditures specific to the initiative. |
| [ ]  Attach a copy of the printed promotional material that recognizes the City’s contribution to the initiative. (i.e. website pages, brochures, flyers, posters, etc). |

# Performance Indicators

Please provide specific detailed information on the following performance indicators related to the funded initiative. These indicators measure your program and services against the City’s funding stream objectives.

Note: All indicators require completion. If the indicator has not been measured or is not applicable, indicate N/A. If the measurement is zero, indicate a ‘0’.

1. **Describe the impact the initiative had on your organization and the community.**

**Reference indicators from the tables below, where necessary, or any other indicators that your organization collects.**

1. **Please provide a personal impact statement from participant(s) from their experience with the funded initiative. Please link the impact statement to at least one funding stream objective.**

|  |  |
| --- | --- |
| **Indicator** | **Number** |
| Total # of community development workers |       |
| Total amount of funding received from other organizations (grants,sponsorships, and donations) |       |
| Total # of volunteers |       |
| Total # of volunteer hours |       |
| Total attendance (# of people that participated in the initiative) |       |
| Total # of programming hours delivered |       |
| Total # of clients obtaining safe and stable housing |       |
| Total # of vulnerable women, children and youth provided with direct shelter (24-48-hour emergency respite housing) |       |
| Total # of healthcare and wellness programs |       |
| Total # of First Nation, Métis, Inuit people engaged in planning and deliveryof programs, services or events |       |
| Total # of people from ethnocultural minorities engaged in planning anddelivery of programs, services or events |       |
| Total # of 2SLGBTQIAP+ people engaged in planning and delivery ofprograms, services or events |       |
| Total # of people with disabilities engaged in planning and delivery ofprograms, services or events |       |
| Total # of older adults engaged in planning and delivery of programs,services or events |       |
| Total # of youth engaged in planning and delivery of programs, services orevents |       |
| Total # of programs directly or indirectly delivered that respond to the Truth & Reconciliation Calls to Action (TRC) |       |
| Total # of organizational services that align with the Truth & Reconciliation Calls to Action (TRC). |       |

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| NON-CAPITAL InitiativesThis section is to be completed by recipients who received funding for non-capital initiatives (programs, projects, events and/or organizational development).Please list the **total expenditures** that were used for the initiative. Receipts for these expenses are not required at this time; however, please retain those receipts as the City may request copies in some instances after the Follow-Up Report has been reviewed. |
| Detailed Description of Grant Expenditures | Amount |
| 1 | Community Development Worker(s) Salary/Wages | $      |
| 2 | Materials and Supplies | $      |
| 3 | Marketing/ Promotion | $      |
| 4 | Venue/Location/Mortgage/Lease | $      |
| 5 | Insurance | $      |
| 6 | Other: Please Explain | $      |
| 7 |  | $      |
| 8 |  | $      |
| 9 |  | $      |
| 10 |  | $      |
| 11 |  | $      |
| 12 |  | $      |
| 13 |  | $      |
| 14 |  | $      |
| 15 |  | $      |
| TOTAL EXPENDITURES FROM GRANT FUNDING | $      |

# Appendix A – Capital Initiatives Report

This section is to be completed by recipients who received funding for **capital initiatives**.

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| Please report on all actual revenues and expenses for the capital initiative. **Copies of receipts for all expenses are required.** |
|  | In-kind/ non-cash*\*(A)* | Cash*(B)* | Total Budget*(A + B)* |
| **REVENUES:** |  |  |  |
| Cash contribution from your organization |  | $      | $      |
| Cash contribution from other organizations: |  |  |  |
| 1. (name)
 |  | $      | $      |
| 1. (name)
 |  | $      | $      |
| Donations (materials, supplies, services). Attached letters to confirm the value of each donation. |  |  |  |
| 1.
 | $      |  |  |
| 1.
 | $      |  |  |
| Volunteer Labour (# hours x per hour minimum wage).Attach a detailed list of the tasks, # of volunteers, and # of hours to complete each task performed by volunteers. | $      |  |  |
| Other revenue (specify): |  |  |  |
| 1.
 |  | $      | $      |
| 1.
 |  | $      | $      |
| *SUBTOTAL of all eligible contributions* | $      | $      | $      |
| City of Regina grant funding – cannot exceed SUBTOTAL (line above). |  | $      | $      |
| **TOTAL REVENUE** | $      | $      | $      |
| **EXPENDITURES:** |  |  |  |
| Professional Fees: |  |  |  |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| Materials, supplies, equipment, installation: |  |  |  |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| Other (specify): |  |  |  |
| 1.
 | $      | $      | $      |
| 1.
 | $      | $      | $      |
| **TOTAL EXPENDITURES** | $      | $      | $      |
| NET PROFIT (LOSS) |  |  | $      |

\*In-kind revenues must equal in-kind expenses.

## [ ]  Attach a copy of receipts for all expenses, listed above.

The initiative is not considered complete until a final inspection has occurred.

Date of final inspection:

## [ ]  Attach a copy of the inspection report and required permits.

**Freedom of Information and Protection of Privacy**

The City of Regina is committed to protecting the privacy and confidentiality of personal information. All personal information that is collected by the City is done so in accordance *with The Local Authority Freedom of Information and Protection of Privacy Act.* The information collected in this follow-up report will be used to administer the Community Investment Grants Program. De-identified, aggregate information will be used by City of Regina for program planning and evaluation. This follow-up report may be distributed to the adjudicators of the Community Investment Grants Program.

## Representations

In making this application, we the undersigned Board Members/Executive Director hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate and the application is made on behalf of the above-named organization and with the Board of Director's full knowledge and consent.

|  |  |  |  |
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|       |       |       |       |
| Board Member Name (print) | Signature | Position | Date |
|       |       |       |       |
| Board Member orExecutive Director Name (print) | Signature | Position | Date |

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| --- | --- |
| ***For office use only:***City of Regina – Stream Owner Comments:Report Approved. Release final payment: Yes [ ]  No [ ] Stream Owner Signature:      Return Follow-Up Report to the Coordinator, Community Investments |  |