



# Saskatchewan Baton Twirling Association

## Membership Incentive Grant ~ Follow-up Report

(Please print)

How did the grant funding assist your program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your club/organization intend to offer this program again? [ ] **YES** [ ] **NO**

If "no" please state why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby certify the above information is correct and factual.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Deadline for submission is November 1<sup>st</sup>**

**\*\* Please attach receipt copies verifying expenditures \*\***

\_\_\_\_\_  
Name of Applicant or Organization

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
P.C.

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

\_\_\_\_\_  
e-mail



**Please return to: SBTA  
510 Cynthia Street  
Saskatoon, SK S7L 7K7**

### ACTUAL PROGRAM COST

GRANT RECEIVED \$ \_\_\_\_\_

#### REVENUE: \_\_\_\_\_

SELF HELP:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REVENUE: \$ \_\_\_\_\_**

#### EXPENSES: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES: \$ \_\_\_\_\_**