

Legacy Grant Final Report 2011-12 - SCSA

1. Title of project/training :

2. Date(s) and Location:

3. School:

4. Contact person – name/phone#/e-mail:

5. Evaluation of project/training. What were your successes/challenges? Who participated – number of parents/guardians, school staff, children and their ages, others.

Final Budget

Revenue: Registrations _____ Donations _____ Legacy Grant _____ Other Grant _____ School _____ Other (specify) _____	Expenses: Registration Cost _____ Travel _____ Materials _____ Honorarium _____ Childcare _____ Snack _____ Other (specify) _____
Total Revenue _____	Total Expenses _____

6. How was the SCSA acknowledged?

7. Please send your final report (including receipts up to \$500) within 30 days of the completion of your project to:

Delphine Melchert – Executive Director, SCSA
 3398 Eagle Crescent, Prince Albert, SK S6V 7X1

8. Check here if you give the SCSA permission to share details of your project in our newsletter and website. Yes _____ or No _____