



# Community Clinic Grant FOLLOW-UP REPORT



## GRANT INFORMATION

Member Club:

Contact Person:

Address:

City/Town:

Postal Code:

Phone Number:

Email:

Please provide an assessment of your Community Clinic project:

## ACTUAL PROJECT COSTS

Revenue:

Community Clinic Grant Requested

Self Help:

**TOTAL REVENUE**

Expenses: \*\*\*PLEASE NOTE-Copies of documentation to verify expenses are required with the follow-up report.

	\$		Receipts must be attached
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
<b>TOTAL EXPENSES</b>	\$		

\_\_\_\_\_  
Signature of Authorized Club Member

\_\_\_\_\_  
Date

## SASKATCHEWAN HORSE FEDERATION USE ONLY:

Amount Approved:

Authorization:

Date:

Payment date:

Cheque #:

Amount Paid: