



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
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL EXPENSES	\$		
<div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Authorized Club Member</div> <div>_____ Date</div> </div>			
SASKATCHEWAN HORSE FEDERATION USE ONLY:			
Amount Approved:	Authorization:	Date:	
Payment date:	Cheque #:	Amount Paid:	