



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	\$		

Signature of Authorized Club Member

Date

SASKATCHEWAN HORSE FEDERATION USE ONLY:

Amount Approved:	Authorization:	Date:
Payment date:	Cheque #:	Amount Paid: