

GRANT INFORMATION							
Club Name:		Contact Person:					
Address:							
City/Town:		Postal Code:					
Phone Number: H)	В)	Email:					

ACTUAL PROGRAM COSTS							
Revenue:	Amount						
Grassroots Club Development Grant Recieved	\$						
Other Revenue: (Describe)	\$						
	\$						
	\$						
TOTAL REVENUE	\$						
Expenses:	Documents	Attached *	Amount				
	Yes	No	\$				
	Yes	No	\$				
	Yes	No	\$				
	Yes	No	\$				
	Yes	No	\$				
TOTAL EXPENSES			\$				

* FINANCIAL DOCUMENTATION:

Legible copies of documents for financial accountability (eg. receipts, cancelled cheques, invoices, expense claims, etc.) must be attached to this follow-up report.

Financial documentation (eg. receipts) to verify expenditures can take various forms but should at a minimum:

- Indicate name of recipient (person or business) of the funds.
- Describe goods or services provided for payment.
- Disclose the amount of the payment.
- Include the date that the goods/services were purchased (must be within the grant year).
- Include third party verification (eg. supplier logo on an invoice, signature of the recipient on an expense claim, or in the rare case where there is no other backup documentation, a copy of the cheque, with the bank clearing stamp on the back).

Receipts submitted to verify expenses can only be claimed once for all grants received by a club, coach or athlete (eg. the same expense cannot be used to claim or verify funding assistance for more than one grant program).

Please complete the table below regarding all Grassroots Wrestling Development programs that were supported and offered at your club this past fiscal year.

WRESTLING PROGRAM INFORMATION										
Location of program(s): (Communities, facilities, etc.)										
Program Duration	Starting Dc	ate:			Complet	ion Date:				
Total weeks of Program:										
Age groups of register	Age groups of registered participants: (Check all categories that apply)									
Freshie Ba	intam	Cadet	Juvenile	Ju	unior	Senior				
Total number of Athle	tes:	Female		Мс	Male		Total			
Total number of NCCF	[•] Coaches:	Female		Мс	Male		Total			
Total number of Officie	als:	Female			Male		Total			
Please identify any ke	y challenge:	s regarding yo	our grassroots v	wres	tling prog	rams this year	·.			

On behalf of our club, I hereby agree that the terms and conditions outlined in the Grassroots Club Development Guidelines have been adhered to and that the information presented in this follow-up report is correct and true.