



High Performance Development Grant FOLLOW-UP REPORT

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

ACTUAL PROGRAM COSTS		
Revenue:	Amount	
High Performance Development Grant Received	\$	
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 High Performance Wrestling Development initiatives that were supported by or offered at your Wrestling Club this past fiscal year.

HIGH PERFORMANCE PROGRAM INFORMATION			
Total number of High Performance athletes* impacted: * High Performance athletes defined as those preparing to compete at National Championships in current season. (Cadet, Juvenile, Junior or Senior)	Female	Male	Total
Total number of High Performance coaches* * Level 3 / NCCP Competition - Development Certified or greater	Female	Male	Total
Please describe training frequency, duration, etc. for High Performance athletes. (Training sessions per week; number of hours per week; total number of weeks, etc.)			
Please list and describe any training camps & clinics that High Performance athletes participated in during current season.			
Please list and describe (dates, locations, results, etc.) any competitions that High Performance athletes participated in during current season.			
Please list and describe (type of services; name of service provider) any Sport Medicine & Science services High Performance athletes accessed during current season.			
Please identify key successes regarding your club's High Performance program.			
Please identify key challenges regarding your club's High Performance program.			

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

Club Signing Authority

Date