



SASK SPORT

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Canada

COVID-19 EMERGENCY SUPPORT FUND FOR SPORT ORGANIZATIONS FOLLOW-UP REPORT FOR MEMBERS OF PSO'S/MSO'S

Expenditures for April 1, 2020 - March 31, 2021

CONTACT INFORMATION			
Member Organization Name:			
Contact Person:			
Address:			
City/Town:			Postal Code:
Phone:		Email:	

GRANT INFORMATION
Please provide a description on the financial impact COVID-19 had on your organization during the period of April 1, 2020 – March 31, 2021:

Please provide a description of how the COVID-19 Emergency Support funds were used:

Please indicate the provincial & federal funding support received by your organization.

COVID-19 Emergency Support funds were not to be used to cover expenditures already funded under any other government COVID-19 emergency measures, including but not limited to the Canada Emergency Response Benefit, the Canada Emergency Wage Subsidy, the Canada Emergency Business Account, and the Canada Emergency Commercial Rent Assistance for small businesses.

All funding received from other government emergency or additional funding sources to address COVID-19 must be declared/identified.

PROGRAMS	RECEIVED		AMOUNT RECEIVED
Canada Emergency Wage Subsidy (10%)	Yes	No	\$
Canada Emergency Wage Subsidy (75%)	Yes	No	\$
Business Credit Availability Program	Yes	No	\$
Saskatchewan Small Business Emergency Payment	Yes	No	\$
Canada Emergency Commercial Rent Assistance	Yes	No	\$
Other (please specify) e.g. NSO	Yes	No	\$

Was the Government of Canada recognized for this support?	Yes	No
Expenditures submitted are within the period of April 1, 2020 to March 31, 2021	Yes	No

DOCUMENTATION
<p>Documentation (receipts) to verify expenditures can take various forms but should at a minimum:</p> <ul style="list-style-type: none"> • 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 (April 1, 2020 – March 31, 2021). • Include third party verification (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).

FINANCIAL INFORMATION		
REVENUE:	Amount	
COVID-19 Emergency Support Fund	\$	
EXPENSES:	Amount	Receipts Attached
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
TOTAL EXPENDITURES	\$	

DECLARATION
I hereby certify the information provided in the follow-up submission is correct and factual.
<p>_____</p> <p>Chairperson/President Name Date</p>

Please return the completed form to *your Provincial Sport Organization* by _____