



Saskatchewan Association of International Languages

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2021/22 FOLLOW-UP FORM LANGUAGE TEACHING PROGRAM GRANT REPORT

PLEASE PRINT CLEARLY

A. IDENTIFICATION

Name of School _____ Bank Account Name (if different from name of school) _____

Contact Person and Title _____ School/Coordinator E-mail Address _____

Mailing Address (Street, City, SK, Postal Code) _____

Non-Profit Corporation Number _____ Telephone Number _____

B. OPERATION OF LANGUAGE SCHOOL

Location of Classes _____ Number of Classrooms Used at Location _____

Day(s) of Classes (i.e. – Saturdays): _____ Time(s) of Classes: _____

Date Classes Started (e.g.: September 5, 2021) _____ Date Classes Ended (e.g.: June 15, 2022) _____

Enrolment: _____
Young Youth (3-18) # Older Youth (19-29) # Adults (30-54) # Senior Citizens (55+) Total

Total Hours of Instruction per Student: _____ Language of Instruction: _____

Number of Paid Instructors/Staff: _____ Number of Volunteers: _____

C. PROGRAM OBJECTIVES

1) Describe the activities for which this funding was used:

2) How did you acknowledge the support of SaskLotteries and SAIL in your programs?

3) Is there any way we could assist in making schools like yours more successful? Please explain.

****Attach the attendance forms for the year. All follow-up documents must be sent to the SAIL office by July 8, 2022.***

Please fill in the financial summary below for your school. Provide as many details as possible. If preferred, a separate financial document may be provided, as long as the relevant categories are included.

D. FINANCIAL SUMMARY

****Do NOT round your figures****

1. Cost of Program Operation	Actual Expenses
a. Salaries/Honoraria	\$
b. Facilities	\$
c. Materials	\$
d. Equipment	\$
e. Postage, printing, advertising	\$
f. Special events (Must be related to language school. Specify below):	\$
	\$
	\$
g. Other (Must be related to language school. Specify below):	\$
	\$
	\$
TOTAL EXPENSES	\$
2. Revenue	Actual Revenue
a. SAIL (include full grant allocated for the year)	\$
b. Class Tuition	\$
c. Sponsoring Organization(s)	\$
d. Fundraising	\$
e. Private Donations	\$
f. Other (Specify):	\$
	\$
	\$
TOTAL REVENUE	\$
3. Surplus/Deficit	\$
Explanation for surplus if greater than \$500:	

E. CERTIFICATION

I certify to the best of my knowledge that the information contained in this document is an accurate reflection of our school and operations of our language program.

_____	_____	_____	_____
Name Printed	Signature	Title	Date

SAIL Office Mail: 1547 Anson Road, Regina SK S4P0E1 Fax: 306-780-9407 Email: sailcoordinator@sasktel.net

FOR OFFICE USE ONLY



Date Received: _____

