

June 26, 2023.

## $Sask at chewan \ Association \ of \ International \ Languages$

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## 2022/23 FOLLOW-UP FORM LANGUAGE TEACHING PROGRAM GRANT REPORT

PLEASE PRINT CLEARLY		
A. IDENTIFICATION		
Name of School	Bank Account Name (if different from name o	f 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, 2022)	Date Classes Ended (e.g.: June 15, 2023)	
Enrolment: # Young Youth (3-18) # Older Youth (19-29)	9) # 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 v	was used:	
2) How did you acknowledge the support of Sask	«Lotteries 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

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

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