



**2019/20 FOLLOW-UP FORM
HERITAGE LANGUAGE TEACHING PROGRAM GRANT**

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, 2019) _____ Date Classes Ended (e.g.: June 15, 2020) _____

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 SOHL 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 SOHL office by June 27, 2020.**

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. SOHL (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 heritage language program.

Name Printed
Signature
Title
Date

SOHL Office Mail: Po Box 24033, Regina, SK. S4P 4J8 Fax: 306-780-9407 Email: sohlcoordinator@sasktel.net

FOR OFFICE USE ONLY

Date Received: _____

