

Dr. Gur Singh Memorial Education Fund Organization Final Program Report

DATA SPECIFIC TO DR. GUR SINGH GRANT FUNDED PROGRAMS

Please complete reports for EACH program funded with Dr. Gur Singh grant funds.
Submit to: info@drgursinghgrants.ca

Society Name:

Contact Name:

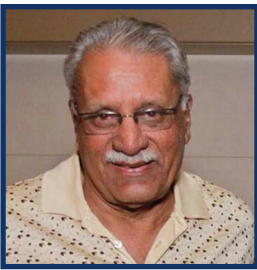
Date (mm/dd/yr):

Program Name:

PLEASE ANSWER THESE QUESTIONS FOR EACH PROGRAM FUNDED BY DR. GUR SINGH GRANTS:

Goals:

1	Was this program...	New	Continuation	Expansion	Amended
2	Start-up: What date did the program begin (mm/dd/yr)?				
3	What were the program goals?				
4	How did you track your progress toward meeting program goals?				
5	How many weeks did the program run?				
6	Were there any major amendments to the plan included in your proposal?	Yes	No		
7	Amendments to plan:				
8	Indicate the expenditure percentage of the program's budget for the following:				
	% for wages	% for supplies	% for rent & administration		



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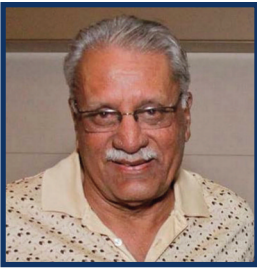
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Organization:

Program:

Program Summary:



Dr. Gur Singh Funded Program Success Stories

DATA SPECIFIC TO DR. GUR SINGH GRANT FUNDED PROGRAMS

Organization:

Program:

Please submit success stories related to each program. For multiple submissions, download additional blank forms from: www.drgursinghgrants.ca.

IMPORTANT: All Forms Must Be Saved To Your Computer BEFORE Filling Them In!

Complete, rename appropriately, save again, and attach completed form to an email to info@drgursinghgrants.ca