



DR. GUR SINGH ORGANIZATIONAL GRANTS

FINANCIAL REPORTING FORM

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

Society Name:

Contact Name:

Date (mm/dd/yy):

Program Name:

Instructions:

This financial report "bundles" revenue and costs in a manner that may be unusual in your agency. The purpose of the report is to provide a record of the economic impact of the Alliance's contribution to the employment needs of people with a brain injury.

Description of Revenue Categories:

- A1 - funds received from the Brain Injury Alliance
- A2 - include all revenue generated by the program through user fees, third party funders, and gross earnings from the sale or rental, etc., of products created by the program, and program participants
- A3 - include all funds received from other sources specifically for this program/project
- A4 - include all funds that your association chose to use in this program that could have been used in other programs of your choosing (ie: gaming, government, donations, fundraising, etc.)
- A5 - other (please describe)

Description of Expense Categories:

- B1 - please ensure that you separate wage costs as described
- B2, B3, B4 - as written
- B5 - costs of equipment etc that meets Revenue Canada requirements for capital expenses
- B6 - other program costs
- B7 - as written
- B8 - other (please describe)

Note: Enter numbers only. No Commas. No Periods.

A. REVENUE:	
A1 - Alliance	
A2 - Program earnings	
A3 - Other program specific funding	
A4 - Internal allocations	
A5 - Other _____	
TOTAL	
B. EXPENSES:	
B1 - Wages, benefits, honorariums:	
Program participants	
Program staff	
B2 - External trainers, fees, honorariums etc	
B3 - Rent	
as a portion of regular facility costs	
costs for additional space required for this program	
B4 - Transportation costs	
B5 - Capital costs	
B6 - Consumable costs	
B7 - Admin @ 10%	
B8 - Other _____	
TOTAL	
Surplus/Deficit (Revenue minus Expenses)	



Dr. Gur Singh Memorial Education Fund Organization Interim Program Progress Report

DATA SPECIFIC TO DR. GUR SINGH GRANT FUNDED PROGRAMS

info@drgursinghgrants.ca

For data up to March 31. Submit by April 30.

Please complete a separate report for EACH program funded partially, or completely with Alliance grant funds

Society Name:

Contact Name:

Date (mm/dd/yy):

Program Name:

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

Progress Toward Goals:

1	Is this program...	New	Continuation	Expansion	Amended
2	Start-up: What date did the program begin (mm/dm/yy)?				
3	What were the program goals?				
4	How did you track your progress toward meeting program goals?				
5	How many weeks does 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		

Additional comments:



Organization Program Report

Submit to: info@drgursinghgrants.ca

Please describe program with highlights related to this program, max 300 words. For multiple submissions, download additional blank forms from www.drgursinghgrants.ca



Dr. Gur Singh Memorial Education Fund Organization Final Program Report

info@drgursinghgrants.ca

Please include at least one success story related to this program, max 300 words. For multiple submissions, download additional blank forms from www.drgursinghgrants.ca