

INSTRUCTIONS

1. Eligible program expenses must occur between **April 1, 2017 - March 31, 2018**.
2. Please complete form electronically, and **DO NOT FILL OUT BY HAND**. Use Internet Explorer or Firefox and the most current version of Adobe Acrobat.
3. Only use the application forms provided; however, if providing additional information please reference attachment material appropriately.
4. Grant recipients are required to submit completed *Accountability Reporting Forms for each YRAC Funding Category*.
5. Ensure the declaration is signed by the president and other authorized individual.
6. Please submit the completed forms and supporting documents to:

Physical address: Yukon Sport & Recreation Administration Building
4061 - 4th Avenue, Whitehorse

By mail: Government of Yukon
Sport & Recreation Branch, C-10
Box 2703
Whitehorse YT Y1A 2C6

By fax: We will not be accepting faxed documents due to poor quality

By email: Scanned (signed) documents are acceptable by email

For more information: Trevor Twardochleb, Sport Consultant
Telephone: (867) 667-5606
1-800-661-0408 (ext. 5606) toll-free
trevor.twardochleb@gov.yk.ca

YRAC FUNDING PROVIDED BY

Yukon Government, Community Services, Sport and Recreation Branch and Lotteries Yukon

ACCOUNTABILITY REPORTING DEADLINE: APRIL 20, 2018



**YRAC
SPORT GROUPS
ACCOUNTABILITY REPORTING FORM**

NOTE: Please fill out one sheet per category; please do not combine categories on one accountability reporting form. Combine all projects under each category and fill out the form (i.e. under Athlete Development combine all camps together and report on one accountability form)

Name of sport governing body:		
Initiative (check one)	<input type="checkbox"/> Administration/organizational development <input type="checkbox"/> Athlete development <input type="checkbox"/> Leadership development	<input type="checkbox"/> Special projects/community development <input type="checkbox"/> Facility O&M
PROJECT DETAIL		
Name of project:		Location:
Date:	Duration:	Number of participants:
Description of project (for a clinic or training opportunity indicate certification or training acquired, for competitions provide number of competitors and results): <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		
Participant names (provide names of athletes, coaches who took part in initiative): <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		
Was it successful? In what way/why not? (Please provide a critical analysis of this project and indicate whether you would do it again) <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		

REVENUES

Description of revenue	Amount
Total revenues	

MAJOR EXPENSES – *Note:* Receipts may be requested for verification purposes

Description of expense	Amount
Total cost of initiative	
YRAC grant (your total expenses should exceed your funding)	

AUTHORIZED REPRESENTATIVE

I certify that the financial information described in this form were incurred and applied as set out in the approved funding application. I also understand that further documentation may be requested from Yukon Government at any given time in respect to the YRAC grant.

YSGB signature:	Name:
	Position:
	Date:

YUKON GOVERNMENT/SPORT & RECREATION OFFICE USE

Signature:	Date:
------------	-------

ACCOUNTABILITY REPORTING DEADLINE: APRIL 20, 2018