



# EDUCATION GRANT ASSESSMENT AND FOLLOW-UP

Supporting Healthcare Volunteers in Ontario

Name of Organization \_\_\_\_\_ REGION: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Tel: \_\_\_\_\_ E-Mail/Fax \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

How many delegates benefited from this grant? \_\_\_\_\_

Total Expenses were:	a) registration	\$ _____
	b) travel	\$ _____
	c) accommodation	\$ _____
	Total	\$ _____

X .65

**PLEASE ATTACH ALL RECEIPTS**

Grant entitlement \_\_\_\_\_

Your Education Grant was \$ \_\_\_\_\_

Refund to HAAO (if applicable) \$ \_\_\_\_\_

How much over and above this amount did your Organization pay? \$ \_\_\_\_\_

Did your facility assist? \_\_\_\_\_ How much? \$ \_\_\_\_\_

How was the information gathered at the meeting shared with the rest of your organization?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> newsletter   | <input type="checkbox"/> (verbal/written report to) general meeting |
| <input type="checkbox"/> board report | <input type="checkbox"/> other (please explain)                     |

(Attach another sheet of paper if you wish to go into more detail)

Other comments:

Please return fully completed form and receipts **within 30 days of event** to:

**Elda Sopha, HAAO Treasurer**  
**708-165 Herchimer Ave, Belleville, Ont.**  
**K8N 5M1**

**\*Failure to return form & receipts may make you ineligible for future grants.**