



# Dreamcatcher Fund

## REPORTING REQUIREMENTS

### Community Service Form:

**Applicant(s) Name:** The name of the applicant/group is written in this area.

**Application Number:** This number is given to each applicant eg. 06-07-845

**Project Title/Name:** What your event/activity will be called. This will be the name logged into our computer system. If you need to call in to find out the status, you use this name.

**Contact Person:** (Very important) This is the person who is in charge of this application. We can only release information regarding the application to this person or the signers.

**Brief Description:** This area is where you write "in detail" what your event/activity is all about and outline what it is that you want us to fund.

**Number of People Volunteered:** The number of applicants who are volunteering.

**Total Hours Volunteered:** The "*number of people volunteered*" multiplied by the "*number of hours per volunteer*" eg. 2 people volunteered and they worked for 7 hours ( $2 \times 7 = 14$  total hours volunteered). The calculated amount is placed in the last box.

**Date Volunteered:** The date in which your event/activity took place.

**Supervisor Name:** The person who is supervising the event/activity PRINTS their name in this section.

**Supervisor Position:** The person enters their title/position here. Eg. Supervisor, Co-ordinator, or Manager etc.

**Supervisor Signature:** The person who is supervising the events/activity SIGNS their name here.

**Telephone Number:** The supervisor's telephone number is written in this section.

### Acknowledgement:

The acknowledgement needs to be completed by each applicant. This is a public "Thank You" back to the Dreamcatcher Fund for the funding you have received. It can be in the form of a plaque, certificate, newspaper thank you, photographs, card or some sort of craft.

### 1-Page Report:

The 1-page report is a summary in words, how your event went that we have given you funding for. The report explains in detail any benefits that you personally gained. Eg. If someone received funding for a hockey season, let us know how your hockey season went for you and your team mates. You may have received the "MVP" of the team or possibly won a championship. If you have hosted a workshop, let us know how many people attended and what you got out of it.



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## VERIFICATION OF COMMUNITY SERVICE FORM

**TO BE COMPLETED BY THE DREAMCATCHER FUND RECIPIENT:**

APPLICANT(S) NAME:

PROJECT TITLE/NAME (if applicable)

CONTACT PERSON (if applicable)

**TO BE COMPLETED BY COMMUNITY ORGANIZATION/GROUP/ELDER:**

BRIEF DESCRIPTION OF VOLUNTEER ACTIVITY:

NUMBER OF PEOPLE  
VOLUNTEERED

X

NUMBER OF HOURS  
PER VOLUNTEER

=

TOTAL HOURS  
VOLUNTEERED

DATE VOLUNTEERED:

SUPERVISOR NAME:

SUPERVISOR POSITION:

SUPERVISOR SIGNATURE:

TELEPHONE NUMBER:

**TO BE COMPLETED BY DREAMCATCHER FUND PERSONNEL ONLY:**

DATE RECEIVED:

RECEIVED BY:

MAILING ADDRESS:

P.O Box 659  
Ohsweken, Ontario  
N0A 1M0

LOCATION:

R.R. # 6 - 3201 Second Line  
Hagersville, Ontario  
N0A 1H0

CONTACT:

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