



# Lethbridge Lifelong Learning Association

## PROGRAM STATUS REPORT

Date: \_\_\_\_\_

Funding Period:  January 1 – June 30  
 July 1 – December 31

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

Name of Program: \_\_\_\_\_

Is the program / workshop up and running?  YES  NO

If NO, why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are all program sections that were approved going to run?  YES  NO

If NO, why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please fill in as much of the table as possible for the above program / workshop offered or running this period:

DATE of Program Section	Name of Program/Workshop	Activity Planned	Expected Costs	Total Costs to Date
		<b>Totals</b>		

I hereby authorize that the above information provided is complete and accurate about the status of the above program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Due Dates are February 28 or September 15**

Lethbridge Lifelong Learning Association  
#506, 740 4<sup>th</sup> Avenue South  
Lethbridge, AB T1J 0N9  
Fax: 403-524-3868