



**THE CATHOLIC WOMEN'S LEAGUE OF CANADA
NATIONAL DEVELOPMENT FUND
REPORT OF WORKSHOP and FOLLOW UP SUMMARY**

**Immediately following the workshop, it is the responsibility of the council president to ensure that both sides of this form are completed and returned with receipts for reimbursement to CWL
National Office C-702 Scotland Ave., Winnipeg, MB R3M 1X5**

Copies should also be forwarded to your diocesan and provincial council presidents.

Submitted by:

Name _____

Council _____

Address _____

Telephone _____ Facsimile _____ E-mail _____

Workshop title _____

Place _____ Date _____ Number attending _____ Duration _____

_____ Date _____ Number attending _____ Duration _____

Diocese _____ Province _____

Name(s) of facilitator(s) _____

Parish councils participating _____

Describe workshop and length of presentation _____

List the materials used _____

Would you consider this workshop a success? _____ Why? _____

More on reverse...

Please describe what went well _____

What would you change if presenting this workshop again? _____

DETAILED EXPENDITURES [Attach all receipts.]

	Workshop Expenditures	Meeting Expenditures (if applicable)	Total Expenditures
CWL Supplies			
Facilitator expenses:			
Meals			
Travel			
Accommodations			
Meeting room			
Postage			
Printing			
Telephone calls			
Transportation for members @ \$0.61 per km (attach details)			
Other expenses: (provide details)			
Total Expenditures			
Less: Revenue Received			
Net Funding Request			

Where actual costs varied by more than \$100.00 from the original application, please explain.

Signature of Council President