

Membership Assistance Program FOLLOW-UP REPORT



GRANT INFORMATION

Sport Organization Name:

Contact Person:

Address:

City/Town: Postal Code:

Phone Number: H) B) Email:

Please provide an assessment of your MAP project:

ACTUAL PROJECT COSTS

Revenue:	
Map Grant Received:	\$ <input type="text"/>
Self Help: <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
TOTAL REVENUE	\$ <input type="text"/>

Expenses:	Receipts Attached
<input type="text"/>	\$ <input type="text"/> <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="checkbox"/>
TOTAL EXPENSES	\$ <input type="text"/>

I hereby certify the information provided in the follow-up submission is correct and factual.

Chairperson's / President's Signature Date

PROVINCIAL SPORT GOVERNING BODY USE ONLY:

Authorization:	Date:
Payment Date:	Cheque #:
	Amount Paid: