

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