

# MEMBERSHIP ASSISTANCE PROGRAM (MAP) FOLLOW-UP REPORT



<b>GRANT INFORMATION</b>				
<b>Sport Organization Name:</b>				
<b>Contact Person:</b>				
<b>Address:</b>				
<b>City/Town:</b>		<b>Postal Code:</b>		
<b>Phone:</b>		<b>Email:</b>		
<p>To be eligible to receive MAP funds, your organization must offer community or club-level sport development initiatives within the province. Please provide an assessment of the MAP project/program:</p>				
<p>Your organization is required to acknowledge and publicly recognize that the MAP support received is derived from the proceeds of the sale of lottery tickets in Saskatchewan. How was Sask Lotteries promoted?</p>				

**ACTUAL PROJECT / PROGRAM COSTS****Revenue**

MAP Grant Received:	\$
Self Help:	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL REVENUE</b>	<b>\$ 0.00</b>

**Expenses****Receipts  
Attached**

1.	\$	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>
<b>TOTAL EXPENSES</b>	<b>\$ 0.00</b>	

***\*All expenses must be eligible for support and within the approved grant period/fiscal year.  
Please ensure copies of financial documentation (Ex. Receipts) are clear and readable.***

**DECLARATION**

☐ I hereby certify the above information is correct and factual.

\_\_\_\_\_  
Sport Organization signing authority

\_\_\_\_\_  
Date

**PROVINCIAL SPORT ORGANIZATIONS / MULTI-SPORT ORGANIZATIONS USE ONLY**

<b>Amount Approved:</b>		<b>Authorization:</b>		<b>Date:</b>	
<b>Payment Date:</b>		<b>Cheque #:</b>		<b>Amount Paid:</b>	