MEMBERSHIP ASSISTANCE PROGRAM (MAP) FOLLOW-UP REPORT



	GRANT INFORMATION									
Sport Organ	ization	Name:								
Contact Per	son:									
Address:										
City/Town:						Postal Code:				
Phone:			Email:							
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:										
	derived	from the					e that the MAP support Saskatchewan. How was			

ACTUAL PROJECT / P	ROGRAM COSTS				
Revenue					
MAP Grant Received:				\$	
Self Help:				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL REVENUE				\$	
Expenses					Receipts Attached
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
TOTAL EXPENSES				\$	
*All expenses must be Please ensure copies of DECLARATION	eligible for suppor of financial docum	rt and within entation (Ex.	the approve Receipts) ai	d grant period re clear and re	/fiscal year. adable.
I hereby certify the	above information is	s correct and	factual.		
Sport Organization signii	ng authority		Date		
PROVINCIAL SPORT	ORGANIZATIONS /	MULTI-SPOR	T ORGANIZA	ATIONS USE O	NLY
Amount Approved:	Au	thorization:		Date:	
Payment Date:		Cheque #:		Amount Paid:	