## 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					
Passi					eceipts
Expenses:			\$	A	ttached
			\$		
TOTAL EXPENSES					
I hereby certify the information provided in the fo	ollow-up submission is corre	ct and factual.			
Chairperson's / President's Signature Date					
PROVINCIAL SPORT GOVERNING BODY	USE ONLY:				
Authorization:			Date:		
Payment Date:	Cheque #:		Amount Paid:		