



## Membership Assistance Program FOLLOW-UP REPORT

### MAP GRANT INFORMATION - Valid Club Membership of the Current Year

Sports Organization Name: Saskatchewan Horse Federation Inc.

Corporate Club Name:

Contact Person:

Address:

City/Town:

Postal Code:

Email:

Phone:

Cell:

Fax:

Please provide an assessment of your MAP project:

### ACTUAL PROJECT COSTS

#### Revenue:

Map Grant Received:

\$

Self Help:

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\$

**TOTAL REVENUE**

\$

#### Expenses:

Receipts Attached (Mandatory)

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\$

\$

\$

**TOTAL EXPENSES**

\$

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

\_\_\_\_\_  
Chairperson / President Signature

\_\_\_\_\_  
Date

### PROVINCIAL SPORT GOVERNING BODY USE ONLY:

Authorization:

Date:

Payment Date:

Cheque #:

Amount Paid: