

Membership Assistance Program (MAP) FOLLOW-UP REPORT



GRANT INFORMATION			
Sport Organization Name:			
Contact Person:			
Address:			
City/Town:		Postal Code:	
Phone:		Email:	
<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:		\$
	Self Help:		\$
	TOTAL REVENUE		\$
Expenses	1.	\$	Receipts Attached
	2.	\$	
	3.	\$	
	TOTAL EXPENSES		\$

**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.*

I hereby certify the above information is correct and factual.

Sport Organization signing authority

Date

PROVINCIAL SPORT ORGANIZATIONS / MULTI-SPORT ORGANIZATIONS USE ONLY					
Amount Approved:		Authorization:		Date:	
Payment Date:		Cheque #:		Amount Paid:	