# Membership Assistance Program
# FOLLOW-UP REPORT

Saskatchewan LOTTERIES

## 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** | **$** | |

| **Expenses:** | | **Receipts Attached** |
|---|---|---|
| | $ | ☐ |
| | $ | ☐ |
| | $ | ☐ |
| | $ | ☐ |
| **TOTAL EXPENSES** | **$** | |

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

Chairperson's / President's Signature

Date

**PROVINCIAL SPORT GOVERNING BODY USE ONLY:**

| | | |
|---|---|---|
| Authorization: | | Date: |
| Payment Date: | Cheque #: | Amount Paid: |