

Membership Assistance Program POPULATION BASED FUNDING



Follow-Up Report
(Insert space as required)

GRANT INFORMATION		
Sport Organization Name:		
Organization Address:		Postal Code:
Contact Information	Primary MAP Contact	Secondary MAP Contact
Name:		
Phone:		
Alternate Phone:		
Email:		
Please provide an assessment of your entire MAP Projects' success or effectiveness overall:		
Please outline how Saskatchewan Lotteries Trust for Sport Culture and Recreation was recognized:		
POPULATION BASED FUNDING RECEIVED: \$		
TOTAL EXPENSES RELATED TO MAP APPLICATION:		
Coaching Development Projects:	\$	
Grassroots and Recreational Development Projects:	\$	
Organizational Development Projects:	\$	
Referee Development Projects:	\$	
Total Expenses:	\$	
Please note: Copies of documentation and receipts to verify all expenditures is required.		
AUTHORIZATION		
I hereby certify the information provided in the Follow Up Submission is correct and factual.		
Chairperson's/President's/Designate's Signature		Date
SASKATCHEWAN SOCCER ASSOCIATION STAFF USE ONLY:		
Date Received:	Authorization:	Cheque #:
Amount Approved:	Amount Paid:	Payment Date(s):

Membership Assistance Program COACHING DEVELOPMENT



Follow-Up Report

(Insert space or rows as required)

Please provide an assessment to your Coaching Development Project's success or effectiveness:

ACTUAL PROJECT COSTS

REVENUE:

MAP RECEIVED:	\$
DETAILS OF SELF HELP RELATED TO COACHING DEVELOPMENT:	
	\$
	\$
	\$
	\$
Total Revenue	\$

DETAILED EXPENSES RELATED TO COACHING DEVELOPMENT:

		Receipt Attached
	\$	Y / N
Total Expenses:	\$	

Please attach all receipts.

GRASSROOTS & RECREATIONAL DEVELOPMENT

Follow-Up Report

(Insert space or rows as required)

Please provide an assessment to your Grassroots & Recreational Development Project's success or effectiveness:

ACTUAL PROJECT COSTS

REVENUE:

MAP RECEIVED: \$

DETAILS OF SELF HELP RELATED TO GRASSROOTS AND RECREATIONAL DEVELOPMENT:

\$

\$

\$

\$

Total Revenue: \$

DETAILED EXPENSES RELATED TO GRASSROOTS AND RECREATIONAL DEVELOPMENT:

Receipt Attached

\$

Y / N

Total Expenses: \$

Please attach all receipts.

Membership Assistance Program ORGANIZATIONAL DEVELOPMENT



Follow-Up Report

(Insert space or rows as required)

Please provide an assessment to your Organizational Development Project's success or effectiveness:

ACTUAL PROJECT COSTS

REVENUE:

MAP RECEIVED: \$

DETAILS OF SELF HELP RELATED TO ORGANIZATIONAL DEVELOPMENT:

\$

\$

\$

\$

Total Revenue: \$

DETAILED EXPENSES RELATED TO ORGANIZATIONAL DEVELOPMENT:

Receipt
Attached

\$

Y / N

Total Expenses: \$

Please attach all receipts.

Membership Assistance Program REFEREE DEVELOPMENT



Follow-Up Plan

(Insert space or rows as required)

Please provide an assessment to your Referee Development Project's success or effectiveness:

ACTUAL PROJECT COSTS

REVENUE:

MAP RECEIVED: \$

DETAILS OF SELF HELP RELATED TO REFEREE DEVELOPMENT:

\$

\$

\$

\$

Total Revenue: \$

DETAILED EXPENSES RELATED TO REFEREE DEVELOPMENT:

Receipt
Attached

\$

Y / N

Total Expenses: \$

Please attach all receipts.