

Membership Assistance Program SPECIAL PROJECT 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 to your one-time Special Project's success or effectiveness overall:		
Please outline how Saskatchewan Lotteries Trust for Sport Culture and Recreation was recognized:		
ALL PROJECT COSTS		
REVENUE:		
SPECIAL PROJECTS FUNDING RECEIVED:		\$
SELF HELP RELATED TO SPECIAL PROJECTS APPLICATION:		
		\$
		\$
		\$
		\$
		\$
	Total Revenue	\$
EXPENSES RELATED TO SPECIAL PROJECTS APPLICATION:		Receipt Attached
	\$	Y / N
	\$	Y / N
	\$	Y / N
	\$	Y / N
	\$	Y / N
	Total Expenses:	\$
Please attach all receipts.		
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):