

MEMBERSHIP ASSISTANCE PROGRAM FOLLOW-UP REPORT

Project Report: (as detailed as possible)

Did the project meet the stated purpose:

PROJECT DESCRIPTION:

Please Type or Print

Official Name of Applicant

Contact Person

Address

Town/City

Postal Code

(H) Telephone Number

(O)

ACTUAL PROJECT COSTS

REVENUE:

MAP GRANT RECEIVED: \$ _____

SELF HELP:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REVENUE: \$ _____

EXPENSES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____

NOTE: Attach all receipts verifying expenditures

I hereby certify the above information is correct and factual.

Chairperson's / President's Signature

Date

