MEMBERSHIP ASSISTANCE PROGRAM

FOLLOW-UP REPORT

Project Report: (as detailed as possible)

Did the project meet the stated purpose:

_____

_____

_____

PROJECT DESCRIPTION:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

NOTE: Attach all receipts verifying expenditures

I hereby certify the above information is correct and factual.

_____
Chairperson's / President's Signature

_____
Date

Please Type or Print

_____
Official Name of Applicant

_____
Contact Person

_____
Address

_____
Town/City Postal Code

_____(H)_____(O)_____
Telephone Number

ACTUAL PROJECT COSTS

REVENUE:

MAP GRANT RECEIVED: $ _____

SELF HELP:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL REVENUE: $ _____

EXPENSES:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSES: $ _____

Saskatchewan LOTTERIES

Copy Distribution: 1. File Copy 2. P.S.G.B. 3. Applicant's Copy