

Appendix J

Sask Cycling Association MAP Follow Up Report		
Club Name:		Contact Person:
Please provide an assessment of your MAP project(s):		
Did you applying for a Youth Learn to Ride/Race Grant: yes <input type="checkbox"/> no <input type="checkbox"/> Please provide an assessment of the program:		
Project Budget		
Revenue		
MAP Grant Received:	\$	
Self Help	\$	
Total Revenue	\$	
Expenses		Receipts attached
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
Total Expenses	\$	
I hereby certify the above information is correct and factual		
_____		_____
signature		Date
SCA use: Date received:		