

MEMBERSHIP ASSISTANCE PROGRAM FOLLOW-UP REPORT

Please Type or Print

Did the project meet the stated purpose?

PROJECT ASSESSMENT:

NOTE: Attach all receipts verifying expenditures

I hereby certify the above information is correct and factual.

Chairperson's / President's Signature

Date

Name of Applicant

Contact Person

Address

Town/City Postal Code

(H) (B)

Phone Number

Email

ACTUAL PROJECT COSTS	
REVENUE:	
MAP GRANT RECEIVED	\$ _____
SELF HELP:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REVENUE	\$ _____
EXPENSES:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

