

# MEMBERSHIP ASSISTANCE PROGRAM FOLLOW-UP REPORT

**Please Type or Print**

**Did the project meet the stated purpose?**

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**PROJECT ASSESSMENT:**

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**NOTE: Attach all receipts verifying expenditures**  
I hereby certify the above information is correct and factual.

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Chairperson's / President's Signature

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Date

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Name of Applicant

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Contact Person

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Address

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Town/City Postal Code

(H) (B)

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Phone Number

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Email

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

