

**MEMBERSHIP ASSISTANCE PROGRAM
FOLLOW-UP REPORT**

Please Type or Print

Project Report: (as detailed as possible)

Did the project meet the stated purpose?

Project Description:

NOTE: Attach all receipts verifying expenditures

I hereby certify the above information is correct and factual.

President/Chairman's Signature

Date

Official Name Applicant

Contact Name

Address

Town/City

Postal Code

(H) _____ (O) _____

Telephone Number

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

