

UNIVERSITY ATHLETIC ASSISTANCE PROGRAM FOLLOW-UP FORM

SECTION A: TO BE COMPLETED BY THE UNIVERSITY (one follow-up per sport)

University Name:			
Contact Person:			
Position:			
Phone:		Email:	
Sport:			

UNIVERSITY ATHLETIC ASSISTANCE				
Final Roster Size:		Gender:	# Female:	# Male:
UAAP Grant Amount:	\$			
Total Expenditures:	\$			
Total Return Owing:	\$			
Follow-up Report Requirements: (please attach the following) Final sport roster(s), including coaches; A financial statement, verified by the University Dean, which clearly details the sport expenditures.				

The information presented in this follow-up is true and correct.

University Dean Signature Date

SECTION B: TO BE COMPLETED BY THE PROVINCIAL SPORT ORGANIZATION

PSO Name:			
Contact Person:			
Position:			
Phone:		Email:	
Grant Period:		Grant #:	

The U SPORTS athletic team was registered as members of your PSO?	Yes	No
The full payment of grant support was/will be forwarded to each applicable university on:		
The total revenues and expenditures for both grant programs have been/will be identified as a separate line item within the PSO's audited financial statement?	Yes	No

On behalf of our organization, the information presented in this follow-up has been reviewed and the terms and conditions of the guidelines have been adhered to.

PSO Signing Authority Date