

# UNIVERSITY ATHLETIC ASSISTANCE PROGRAM FOLLOW-UP FORM

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

<b>University Name:</b>			
<b>Contact Person:</b>			
<b>Position:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Sport:</b>			

UNIVERSITY ATHLETIC ASSISTANCE				
<b>Final Roster Size:</b>		<b>Gender:</b>	<b># Female:</b>	<b># Male:</b>
<b>UAAP Grant Amount:</b>	\$			
<b>Total Expenditures:</b>	\$			
<b>Total Return Owing:</b>	\$			
<b>Follow-up Report Requirements:</b> (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.*

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University Dean Signature Date

**SECTION B: TO BE COMPLETED BY THE PROVINCIAL SPORT ORGANIZATION**

<b>PSO Name:</b>			
<b>Contact Person:</b>			
<b>Position:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Grant Period:</b>		<b>Grant #:</b>	

<b>The U Sports athletic team was registered as members of your PSO?</b>	Yes	No
<b>The full payment of grant support was/will be forwarded to each applicable university on:</b>		
<b>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?</b>	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.*

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PSO Signing Authority Date