APPENDIX B

UNIVERSITY ATHLETIC ASSISTANCE 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 (UAA)				
Final Roster Size:		**Gender:**	# Female:	# Male:
UAA Grant Amount:	$			
Total Expenditures:	$			
Total Return Owing:	$ 0.00			

Follow-up Report Requirements: (please attach the following)

☐ Final U Sports roster(s), including coaches

☐ Financial statement, signed by the university signing authority, which clearly details the sport expenditures

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

_____ _____

University Signing Authority 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 revenue and expenditure for the UAA grant has 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