



**Canadian Council of Provincial and Territorial Sport Federations Inc.
National Sport Trust Fund – Newfoundland & Labrador
1296A Kenmount Rd., Paradise, NL A1L 1N3**

Project Report

Project Name: _____
Project #: _____
Report Date: _____

Interim Report Start date of activities included in this report: _____
 Final Report End date of activities included in this report: _____

Contact Information	
Organization: _____	
First Name: _____	Last Name: _____
Address: _____	
City: _____	Postal Code: _____
Telephone: () _____	Email: _____

Describe project objectives & outcomes achieved (please list all objectives and project results). Please attach any additional relevant supporting materials in respect of the outcomes of this project. Please attach a detailed list including all revenues and expenditures for the project. **Actual receipts may be requested for verification at any time.** For projects over \$50,000 receipts or an audited financial statement must be attached.

Funds requested through National Sport Trust Fund included in this reporting period:

Date	Amount \$ Received
Total:	\$ _____

If this is an interim report, is the project timeframe still applicable YES NO

If an extension is required please indicate new end date: _____

As representatives, we have reviewed the activities of the above project and certify that the information submitted is true and correct.

Signature
Authorized Club
Representative

Position

Date

Signature
Authorized Provincial Sport
Organization Representative

Position

Date