Promotion and Marketing Working Group

SPENDING PLAN

Please Type or Print

PURPOSE:

_____

_____

_____

_____

PROJECT DESCRIPTION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of Applicant

Contact Person

Address

Town/City Postal Code

(H) (B)

Phone

Email

PROJECTED BUDGET	
REVENUE:	
MAP GRANT REQUESTED:	$
SELF HELP:	
	$
	$
	$
	$
TOTAL REVENUE	$
EXPENSES	
	$
	$
	$
	$
	$
TOTAL EXPENSES	$
WPS Use Only	
AMOUNT APPROVED	

President's Signature

Date:

Saskatchewan LOTTERIES LOTTERY TICKET CENTRE

Promotion and Marketing Working Group

FOLLOW-UP REPORT

Please Type or Print

Name of Applicant

Contact Person

Address

Town/City Postal Code

(H) (B)

Phone

Email

Did the project meet the stated purpose?

PROJECT ASSESSMENT:

ACTUAL PROJECT COSTS	
REVENUE:	
MAP GRANT RECEIVED:	$
SELF HELP:	
	$
	$
	$
	$
TOTAL REVENUE	$
EXPENSES	
	$
	$
	$
	$
	$
TOTAL EXPENSES	$
WPS Use Only	
AMOUNT PAID	

Note: Attach all receipts verifying expenditures

President's Signature

Date:

Saskatchewan LOTTERIES LOTTERY TICKET CENTRE