



Canadian Council of Provincial & Territorial Sport Federations Inc.
National Sport Trust Fund
4061 4th Avenue, Whitehorse, Yukon, Y1A 1H1

Project Report Form

Interim Report

Final Report Project Number: _____

Date of Report: _____

Organization: _____

Name of Project: _____

Contact: _____

Phone: _____

Email: _____

Describe project objectives & outcomes achieved (please list all objectives and project results)

Funds requested through National Sport Trust Fund during this reporting period (if applicable):

If this is an interim report, is the project timeframe still applicable

YES

NO

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

Please attach receipts for all project related purchases and a list of names of all athletes that have received subsidized training.

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

Authorized Signature of Club Representative

Authorized Signature of Territorial Sport Organization Representative

Date

Date