

**Canadian Council of Provincial & Territorial Sport Federations Inc.
 National Sport Trust Fund – Manitoba Chapter
 200 Main Street, Winnipeg, MB R3C 4M2**

Project Report

Interim Report Final Report Project Number: _____

Date of report: _____ Organization: _____

Name of project: _____

Contact: _____ Phone #: _____

Email: _____

Describe project objectives and outcomes achieved during this period (please list all objectives and project results). Please attach any additional relevant supporting materials in respect of the outcomes of this project.

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

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.

 Authorized Signature of Provincial sport partner representative

 Date