

**Canadian Council of Provincial and Territorial Sport Federations Inc.
National Sport Trust Fund-Ontario**

Project Report

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, project results and include receipts):

Funds requested through National Sport Trust Fund - Ontario 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 Club Representative

Authorized Signature of Provincial Sport Organization Representative

Date

Date