

**APPENDIX B**

**UNIVERSITY ATHLETIC ASSISTANCE  
PROGRAM FOLLOW-UP FORM**



**SECTION A - TO BE COMPLETED BY THE UNIVERSITY (one follow-up per sport)**

University Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sport: \_\_\_\_\_

Final Roster Size: \_\_\_\_\_ Gender: # Female \_\_\_\_\_ # Male \_\_\_\_\_

UAAP Grant Amount: \$ \_\_\_\_\_

Total Expenditures: \$ \_\_\_\_\_ Total Return Owing: \$ \_\_\_\_\_

Follow-up Report Requirements (please attach the following):

- Final sport roster(s), including coaches;
- A financial statement, verified by the University Dean, which clearly details the sport expenditures.

The information presented in this follow-up is true and correct.

\_\_\_\_\_  
University Dean Signature

\_\_\_\_\_  
Date

**SECTION B - TO BE COMPLETED BY THE PROVINCIAL SPORT GOVERNING BODY**

PSGB Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Period: \_\_\_\_\_ Grant #: \_\_\_\_\_

The U Sports athletic team was registered as members of your PSGB:  Yes  No

The full payment of grant support was/will be forwarded to each applicable university on: \_\_\_\_\_  
(Date)

The total revenues and expenditures for both grant programs have been/will be identified as a separate line item within the PSGB's audited financial statement:  Yes  No

On behalf of our organization, the information presented in this follow-up has been reviewed and the terms and conditions of the guidelines have been adhered to.

\_\_\_\_\_  
PSGB Signing Authority

\_\_\_\_\_  
Date