

**Membership Assistance Program APPROVED CLUB DEVELOPMENT PROGRAMS
APPLICATION AND SPENDING PLAN** **Category**

GRANT INFORMATION			
Sport Organization Name: ** MAP cheque payment will be made out to this name.			
Club Contact:			
Address:			
City/Town:		Postal Code:	
Phone Number: h)	w)	Email:	
DEVELOPMENT PROGRAMS CATEGORY			
Name of program(s):			
Sanction fee:	Number of programs _____ x \$50	Total \$	
Participant registration fee:	Number of participants _____ x \$8	Total \$	
Please provide a brief description of your program:			
PROJECT BUDGET			
Revenue:			
MAP Grant Requested:		\$	
Self Help:		\$	
		\$	
		\$	
TOTAL REVENUE		\$	
Expenses:			
		\$	
		\$	
		\$	
		\$	
TOTAL EXPENSES		\$	
<small>*Please note – copies of documentation to verify expenses will be required with the follow-up report</small>			
I hereby certify that the above information is correct and factual.			
_____		_____	
Club Contact's Signature		Date	
PROVINCIAL SPORT GOVERNING BODY USE ONLY:			
Date received:		Date reviewed:	
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	Sanction paid: <input type="checkbox"/>	Membership paid: <input type="checkbox"/>

