

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 \$10	Total \$	
Please provide a brief description of your program:			
PROJECT BUDGET			
Revenue:			
MAP Grant Requested:			\$
Self Help:			\$
			\$
			\$
TOTAL REVENUE			\$
Expenses:			
			\$
			\$
			\$
			\$
TOTAL EXPENSES *Please note – copies of documentation to verify expenses will be required with the follow-up report			\$
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"/>