

Membership Assistance Program FOLLOW UP

FACILITY DEVELOPMENT 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:
CATEGORIES		
** please note: Club must be a registered Approved or Accredited Club with Sask Volleyball with registered members in 2020-21. Club must own, lease, or manage a facility that has been the location for Sask Volleyball sanctioned activity in 2020-21.		
Please provide a brief description of your facility:		
PROJECT BUDGET		
Actual Revenue:		
MAP Grant Requested:		\$
Self Help:		\$
		\$
		\$
TOTAL REVENUE		\$
Actual 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"/>	NRS/VRS registration <input type="checkbox"/>