

Membership Assistance Program FOLLOW UP

APPROVED CLUB DEVELOPMENT PROGRAM 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:	
APPROVED CLUB DEVELOPMENT PROGRAM CATEGORY			
Name of Approved club:			
Sanction fee:	Number of programs _____ x \$50	Total \$	
Participant registration fee:	Number of participants _____ x \$10	Total \$	
Please provide a brief description of your project:			
PROJECT BUDGET			
Revenue:			
MAP Grant Received:			\$
Self Help:			\$
			\$
			\$
TOTAL REVENUE			\$
Expenses:			
			\$
			\$
			\$
			\$
TOTAL EXPENSES *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"/>