

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

<b>GRANT INFORMATION</b>			
Sport Organization Name: <b>** MAP cheque payment will be made out to this name.</b>			
Club Contact:			
Address:			
City/Town:		Postal Code:	
Phone Number: h)	w)	Email:	
<b>APPROVED CLUB DEVELOPMENT PROGRAM CATEGORY</b>			
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:			
<b>PROJECT BUDGET</b>			
<b>Revenue:</b>			
MAP Grant Requested:			\$
Self Help:			\$
			\$
			\$
<b>TOTAL REVENUE</b>			\$
<b>Expenses:</b>			
			\$
			\$
			\$
			\$
<b>TOTAL EXPENSES</b> <small>*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.			
<div style="border-bottom: 1px solid black; width: 100%;"></div> Club Contact's Signature			<div style="border-bottom: 1px solid black; width: 100%;"></div> Date
<b>PROVINCIAL SPORT GOVERNING BODY USE ONLY:</b>			
Date received:		Date reviewed:	
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	Sanction paid: <input type="checkbox"/>	Membership paid: <input type="checkbox"/>