

EMERGENCY SUPPORT FUNDING FOLLOW UP

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 (check one or both. An organization can apply for both categories)		
<input type="checkbox"/> Approved Youth Program		
** please note: All athletes must be registered members of Volleyball Canada & Sask Volleyball. The number athletes will be verified through the online VRS database.		
Actual # of registered indoor development athletes		
<input type="checkbox"/> Facility Development or Special Needs		
Please provide a brief description of your Facility Development project or special needs circumstance:		
FINAL PROJECT BUDGET		
Revenue:		
MAP Grant Received:		\$
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"/>	VRS registration <input type="checkbox"/>