

**Membership Assistance Program
FOLLOW UP**

**ACCREDITED CLUB
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: All athletes/teams must be registered with Sask Volleyball in order to qualify for MAP Funding		
Please provide a brief assessment of your MAP project:		
Number of Male team(s)	Number of Female team(s)	Total number of teams
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"/>	TeamLinkt registration <input type="checkbox"/>

