

**Membership Assistance Program  
APPLICATION AND SPENDING PLAN**

**ACCREDITED CLUB  
Category**

GRANT INFORMATION		
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:
CATEGORIES		
<b>** please note: All athletes must be registered members of Volleyball Canada &amp; Sask Volleyball. The number of teams and athletes will be verified through the online registration system.</b>		
Please provide a brief description of your program:		
Number of Male team(s)	Number of Female team(s)	Total number of teams
PROJECT BUDGET		
<b>Revenue:</b>		
MAP Grant Requested:		\$
Self Help:		\$
		\$
		\$
<b>TOTAL REVENUE</b>		\$
<b>Expenses:</b>		
		\$
		\$
		\$
		\$
<b>TOTAL EXPENSES</b>	*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:		
Requirements met: <input type="checkbox"/>		

