

**Membership Assistance Program  
FOLLOW UP**

**APPROVED DEVELOPMENT PROGRAM  
Category**

| <b>GRANT INFORMATION</b>   |   |   |   |
|--|---|---|---|
| Sport Organization Name:<br><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 Received:  |   |   | \$  |
| 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                                      |
| <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"/> |

