

**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: C)	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 summary of your MAP project:		
Number of Male team(s)	Number of Female team(s)	Total number of teams
Number of Male Athletes in Development Program	Number of Female Athletes in Development Program	Total number of Athletes in Development Program (not on a club team)
Who is your Clubs Mentor Coach?	Does Your Club Share its Annual Financial Report with your Club Members (Y/N)?	What is your Clubs Website or Social Media Address?
PROJECT ACTUAL FINANCIALS		
Revenue:		
MAP Grant Received:		\$
Self Help:		\$
		\$
TOTAL REVENUE		\$
Expenses:		
		\$
		\$
		\$
		\$
TOTAL EXPENSES	<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.		
_____ 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"/>