

**Membership Assistance Program
APPLICATION AND SPENDING PLAN**

**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 must be registered members of Volleyball Canada & Sask Volleyball. The number of teams and athletes will be verified through the online registration system.		
Please provide a brief description of your program:		
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)
PROJECT BUDGET		
Revenue:		
MAP Grant Requested:		\$
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:		
Requirements met: <input type="checkbox"/>		