

**Membership Assistance Program
FOLLOW UP**

**APPROVED DEVELOPMENT PROGRAM
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:	
APPROVED CLUB DEVELOPMENT PROGRAM CATEGORY			
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:			
PROJECT BUDGET			
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"/>	Sanction paid: <input type="checkbox"/>	Membership paid: <input type="checkbox"/>