

# Membership Assistance Program

## APPLICATION & SPENDING PLAN



### GRANT INFORMATION

Sport Organization Name:		
Contact Person:		
Address:		
City/Town:		Postal Code:
Phone Number: H)	B)	Email:

Please provide a brief description of the project:

### PROJECT BUDGET

<b>Revenue:</b>	
Map Grant Requested:	\$
Self Help:	\$
	\$
	\$
<b>TOTAL REVENUE:</b>	<b>\$</b>

<b>Expenses:</b>	
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

\*PLEASE NOTE-COPIES OF DOCUMENTATION TO VERIFY EXPENSES WILL BE REQUIRED WITH THE FOLLOW-UP REPORT.

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Chairperson's / President's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PROVINCIAL SPORT GOVERNING BODY USE ONLY:

Amount Approved:	Authorization:	Date:
Payment Date:	Cheque #:	Amount Paid: