

# 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.

I hereby certify the above information is correct and factual.

\_\_\_\_\_

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

## PROVINCIAL SPORT GOVERNING BODY USE ONLY:

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