

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		
Revenue:		
Map Grant Requested:		\$
Self Help:		\$
		\$
		\$
TOTAL REVENUE		\$
Expenses:		
		\$
		\$
		\$
		\$
TOTAL EXPENSES	* 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: