

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 ORGANIZATIONS USE ONLY:

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