

# 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: