

MEMBERSHIP ASSISTANCE PROGRAM

SPENDING PLAN

Please Type or Print

PURPOSE:

PROJECT DESCRIPTION:

Name of Applicant

Contact Person

Address

Town/City

Postal Code

(H) _____ (B) _____

Phone Number

Email

PROJECT BUDGET

REVENUE:

MAP GRANT REQUESTED \$ _____

SELF HELP:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REVENUE \$ _____

EXPENSES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

Provincial Sport Governing Body use only:

AMOUNT APPROVED _____

Chairperson's / President's Signature

Date

