

**MEMBERSHIP ASSISTANCE PROGRAM
SPENDING PLAN**

Project Description: (as detailed as possible)

PURPOSE:

PROJECT DESCRIPTION:

Please Type or Print

Official Name of Applicant

Contact Person

Address

Town/City

Postal Code

(H) Telephone Number

(O)

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

