

**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

