MEMBERSHIP ASSISTANCE PROGRAM

SPENDING PLAN

Please Type or Print			
	Name of Applicant	ant	
PURPOSE:	Contact Person		
	Address		
	Town/City	Postal Code	
	(H) Phone Number	(B)	
	 Email		
PROJECT DESCRIPTION:			
	F	PROJECT BUDGET	
	REVENUE:	_ REVENUE:	
	MAP GRANT REQUE	STED \$	
	SELF HELP:		
		\$	
		 \$	
		\$	
	TOTAL REVENUE	\$	
	EXPENSES:		
		\$	
		\$	
		\$	
		 \$	
		\$	
	TOTAL EXPENSES	\$	
	Provincial Sport Gov	Provincial Sport Governing Body use only:	
	AMOUNT APPROVE	AMOUNT APPROVED	
Chairperson's / President's Signature			
	Sasi I A T 1	Katchewan	



Date