## MEMBERSHIP ASSISTANCE PROGRAM SPENDING PLAN

Date

Project Description: (as detailed as possible)	Contact Person		
PURPOSE:			
ronroge	Address		
	Town/City	Postal Code	
	(H)	(O)	
PROJECT DESCRIPTION:	Telephone Number		
	PROJECT BUDGET		
	REVENUE:		
	MAP GRANT REQUES	STED \$	
	SELF HELP:		
		\$	
		\$	
		\$	
	TOTAL REVENUE	\$	
	EXPENSES:		
		\$	
		\$	
		\$ _ <del></del>	
		\$	
		\$	
	TOTAL EXPENSES	\$	
	Provincial Sport Gover	Provincial Sport Governing Body use only:	
Chairperson's / President's Signature	AMOUNT APPROVED		

Please Type or Print

Official Name of Applicant

