

MEMBERSHIP ASSISTANCE PROGRAM

SPENDING PLAN

Please Type or Print

PURPOSE:

• club operations

PROJECT DESCRIPTION:

• club operations
 - memberships
 - league registration fees
 - provincials registration fees
 - equipment
 - referee course
 - coaching clinic

Example Handball Club
 Name of Applicant
John Doe
 Contact Person
1234 Anywhere Street
 Address
Regina S4P 0S4
 Town/City Postal Code
 (H) 789-1234 (B) 531-1234
 Phone Number
john.doe@email.com
 Email

PROJECT BUDGET	
REVENUE:	
MAP GRANT REQUESTED	\$ <u>250.00</u>
SELF HELP:	
fees	\$ <u>1,250.00</u>
	\$ _____
	\$ _____
TOTAL REVENUE	\$ <u>1,500.00</u>
EXPENSES:	
memberships	\$ <u>400.00</u>
league fees	\$ <u>400.00</u>
provincials	\$ <u>200.00</u>
equipment	\$ <u>300.00</u>
ref/coach clinics	\$ <u>200.00</u>
TOTAL EXPENSES	\$ <u>1,500.00</u>
Provincial Sport Governing Body use only:	
AMOUNT APPROVED	_____

John Doe
 Chairperson's / President's Signature

March 31 / 2011
 Date

