

**Membership Assistance Program
APPLICATION AND SPENDING PLAN**

**AGE CLASS
Category**

GRANT INFORMATION			
Sport Organization Name: ** MAP cheque payment will be made out to this name.			
Club Contact:			
Address:			
City/Town:		Postal Code:	
Phone Number: h)	w)	Email:	
AGE CLASS CATEGORIES			
** please note: All athletes must be registered members of Volleyball Canada & Sask Volleyball. The number of teams will be verified through the online NRS/VRS database.			
Please provide a brief description of your project:			
13U – 15U Age Class team(s)		16U – 18U Age Class team(s)	
Number of 13U teams:		Number of 16U teams:	
Number of 14U teams:		Number of 17U teams:	
Number of 15U teams:		Number of 18U teams:	
Total number of 13U-15U teams:		Total number of 16U-18U teams:	
PROJECT BUDGET			
Revenue:			
** For planning purposes, previous MAP payment in this category was \$ 440 / 13U-15U Teams & \$ 230 / 16U-18U teams.			
MAP Grant Requested:			\$
Self Help:			\$
			\$
			\$
TOTAL REVENUE			\$
Expenses:			
			\$
			\$
			\$
			\$
TOTAL EXPENSES *Please note – copies of documentation to verify expenses will be required with the follow-up report			\$
I hereby certify that the above information is correct and factual.			
_____			_____
Club Contact's Signature			Date
PROVINCIAL SPORT GOVERNING BODY USE ONLY:			
Date received:		Date reviewed:	
Requirements met: <input type="checkbox"/>	Form complete: <input type="checkbox"/>	NRS/VRS registration <input type="checkbox"/>	