

**Membership Assistance Program
APPLICATION AND SPENDING PLAN**

**CAMP
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: | |
| CAMP CATEGORY | | | |
| Name of program(s): | | | |
| Option A | Sanction fee: | Number of programs _____ x \$50 | Total \$ |
| | Participant registration fee: | Number of participants _____ x \$8 | Total \$ |
| Option B | Team registration fee: | Number of Camps _____ x \$250 | Total \$ |
| Please provide a brief description of your project: | | | |
| PROJECT BUDGET | | | |
| Revenue: | | | |
| ** For planning purposes, previous MAP payment in this category was \$ 10 / participant. | | | |
| MAP Grant Requested: | | | \$ |
| Self Help: | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL REVENUE | | | \$ |
| Expenses: | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL EXPENSES <small>*Please note – copies of documentation to verify expenses will be required with the follow-up report</small> | | | \$ |
| 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"/> | Payment made: Option A <input type="checkbox"/> Option B <input type="checkbox"/> | |