

Membership Assistance Program (MAP) APPLICATION & SPENDING PLAN



GRANT INFORMATION			
Sport Organization Name:			
Contact Person:			
Address:			
City/Town:		Postal Code:	
Phone:		Email:	
<p>To be eligible to receive MAP funds, your organization must offer community or club-level sport development initiatives within the province. Please provide a brief description of the MAP project/program:</p>			
<p>Your organization is required to acknowledge and publicly recognize that the MAP support received is derived from the proceeds of the sale of lottery tickets in Saskatchewan. How will Sask Lotteries be promoted?</p>			
PROJECT / PROGRAM BUDGET			
Revenue	MAP Grant Requested:		\$
	Self Help:		\$
	Self Help:		\$
	TOTAL REVENUE		\$
Expenses	1.		\$
	2.		\$
	3.		\$
	TOTAL EXPENSES		\$

Please note: Copies of financial documentation (Ex. receipts) to verify expenses will be required with the follow-up report.

I hereby certify the above information is correct and factual.

Sport Organization signing authority

Date

PROVINCIAL SPORT ORGANIZATIONS / MULTI-SPORT ORGANIZATIONS USE ONLY					
Amount Approved:		Authorization:		Date:	
Payment Date:		Cheque #:		Amount Paid:	