MEMBERSHIP ASSISTANCE PROGRAM

SPENDING PLAN

Please Type or Print

PURPOSE:

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_____

PROJECT DESCRIPTION:

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Chairperson's / President's Signature

_____

Date

_____
Name of Applicant

_____
Contact Person

_____
Address

_____
Town/City Postal Code

(H) (B) _____
Phone Number

_____
Email

PROJECT BUDGET

REVENUE:

MAP GRANT REQUESTED $ _____

SELF HELP:

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL REVENUE $ _____

EXPENSES:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSES $ _____

Provincial Sport Governing Body use only:

AMOUNT APPROVED _____

Saskatchewan LOTTERIES LOTTERY TICKET CENTRE

Revised Date: July 2003