

Membership Assistance Program

POPULATION BASED FUNDING

Application & Spending Plan **SUMMARY** Page

(Insert space as required)



GRANT INFORMATION		
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Sport Organization Name:		
Organization Address:		Postal Code:
Contact Information	Primary MAP Contact	Secondary MAP Contact
Name:		
Phone:		
Alternate Phone:		
Email:		

Member Organizations are invited to submit funding requests in one or more of the four priority areas. Please provide a brief overview of the entire project on this summary page:

PROJECT SUMMARY – please provide further details in each of the Population Based spending areas.

REVENUE:	
POPULATION BASED FUNDING ELIGIBILITY:	\$
SELF HELP RELATED TO MAP APPLICATION:	
	\$
	\$
	\$
	\$
Total Revenue	\$

TOTAL EXPENSES RELATED TO MAP APPLICATION:	
Coaching Development Projects:	\$
Grassroots and Recreational Development Projects:	\$
Organizational Development Projects:	\$
Referee Development Projects:	\$
Total Expenses:	\$

Please note: Copies of documentation and receipts to verify all expenditures is required with the follow up report.

SASKATCHEWAN SOCCER ASSOCIATION STAFF USE ONLY:		
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Ineligible Amounts: \$	Ineligible Projects:	
Amount Approved: \$	Authorization:	Date:

Membership Assistance Program

COACHING DEVELOPMENT



DETAILED APPLICATION & SPENDING PLAN

(Insert space or rows as required)

Please provide specific details on the Coaching Development portion (if any) of your project:

IN-ELIGIBLE & ELIGIBLE EXPENSES along with SSA Funding priorities should be reviewed in detail prior to completing the application (See [Section Eleven – Article 1.5](#))

PROJECT DETAILS – please provide further details in each of the four spending areas.

REVENUE:

MAP REQUESTED: \$

DETAILS OF SELF HELP RELATED TO COACHING DEVELOPMENT:

\$

\$

\$

\$

Total Revenue \$

DETAILED EXPENSES RELATED TO COACHING DEVELOPMENT:

\$

\$

\$

\$

\$

\$

Total Expenses: \$

Please note: Copies of documentation and receipts to verify all expenditures is required with the follow up report.

Membership Assistance Program

GRASSROOTS &

RECREATIONAL DEVELOPMENT



DETAILED APPLICATION & SPENDING PLAN

(Insert space or rows as required)

Please provide specific details on the Grassroots and Recreational Development portion (if any) of your project:

IN-ELIGIBLE & ELIGIBLE EXPENSES along with SSA Funding priorities should be reviewed in detail prior to completing the application (See [Section Eleven – Article 1.5](#))

PROJECT DETAILS – please provide further details in each of the four spending areas.

REVENUE:

MAP REQUESTED: \$

DETAILS OF SELF HELP RELATED TO GRASSROOTS AND RECREATIONAL DEVELOPMENT:

\$

\$

\$

\$

Total Revenue \$

DETAILED EXPENSES RELATED TO GRASSROOTS AND RECREATIONAL DEVELOPMENT:

\$

\$

\$

\$

\$

\$

Total Expenses: \$

Please note: Copies of documentation and receipts to verify all expenditures is required with the follow up report.

Membership Assistance Program

ORGANIZATIONAL DEVELOPMENT



DETAILED APPLICATION & SPENDING PLAN

(Insert space or rows as required)

Please provide specific details on the Organizational Development portion (if any) of your project:

IN-ELIGIBLE & ELIGIBLE EXPENSES along with SSA Funding priorities should be reviewed in detail prior to completing the application (See [Section Eleven – Article 1.5](#))

PROJECT DETAILS – please provide further details in each of the four spending areas.

REVENUE:

MAP REQUESTED:	\$
DETAILS OF SELF HELP RELATED TO ORGANIZATIONAL DEVELOPMENT:	
	\$
	\$
	\$
	\$
Total Revenue	\$

DETAILED EXPENSES RELATED TO ORGANIZATIONAL DEVELOPMENT:

	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses:	\$

Please note: Copies of documentation and receipts to verify all expenditures is required with the follow up report.

Membership Assistance Program

REFEREE DEVELOPMENT

DETAILED APPLICATION & SPENDING PLAN

(Insert space or rows as required)



Please provide specific details on the Referee Development portion (if any) of your project:

IN-ELIGIBLE & ELIGIBLE EXPENSES along with SSA Funding priorities should be reviewed in detail prior to completing the application (See [Section Eleven – Article 1.5](#))

PROJECT DETAILS – please provide further details in each of the four spending areas.

REVENUE:

MAP REQUESTED: \$

DETAILS OF SELF HELP RELATED TO REFEREE DEVELOPMENT:

\$

\$

\$

\$

Total Revenue \$

DETAILED EXPENSES RELATED TO REFEREE DEVELOPMENT:

\$

\$

\$

\$

\$

\$

Total Expenses: \$

Please note: Copies of documentation and receipts to verify all expenditures is required with the follow up report.