

Membership Assistance Program

SPECIAL PROJECT FUNDING

APPLICATION & SPENDING PLAN

(Insert space as required)



GRANT INFORMATION

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

Please provide specific details on the one-time Special Project that you are planning and ensure to outline how the Special Project relates to the four strategic priority areas:

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 BUDGET

REVENUE:	
SPECIAL PROJECTS FUNDING REQUEST:	\$
SELF HELP RELATED TO SPECIAL PROJECTS APPLICATION:	
	\$
	\$
	\$
	\$
	\$
Total Revenue	\$

EXPENSES RELATED TO SPECIAL PROJECTS APPLICATION:

	\$
	\$
	\$
	\$
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:

Ineligible Amounts: \$	Ineligible Projects:	
Amount Approved:	Authorization:	Date: