



Grassroots Club Development Grant APPLICATION & SPENDING PLAN

GRANT INFORMATION

Club Name: _____ Contact Person: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone Number: H) _____ B) _____ Email: _____

Please provide a brief description of the project (refer to the grant guidelines for eligible projects):

PROJECT BUDGET

Revenue:

Grassroots Club Development Eligible Grant:	
Other Revenue:	

TOTAL REVENUE

Expenses:

TOTAL EXPENSES * Please note - copies of documentation to verify expenses will be required with the follow-up report.

I hereby agree that the terms and conditions outlined in the Grassroots Club Development Guidelines will be adhered to and that the information presented in this application is correct and true.

Club Signing Authority: _____ Date: _____

Saskatchewan Wrestling USE ONLY:

Amount Approved:	Authorization & Membership verified:	Date:
Payment Date:	Cheque #:	Amount Paid: