

Community Initiated Partnership Program Guidelines

BUDGET

Expenses

Honorarium _____
(instructor/facilitator)
of hours x rate per hour

Mileage (km) _____
x \$0.38/km

Rent/hr/day _____
of hours x rate per hour

Advertising _____

Program Supplies _____

Other Expenses _____
(Please List)

TOTAL EXPENSES: _____

Revenues

Registration Fees _____
(# of participants x registration fees)

Other Grants _____

Self-Help _____

Requested Grant _____

TOTAL REVENUES: _____

Print Name of Recreation Board Chair or Municipal Administrator

Signature of Recreation Board Chair or Municipal Administrator

SEND FORMS TO: SWDCRS c/o Christie Saas #415 - 310 Main Street North, Moose Jaw, SK S6H 3K1 Phone: 694-7934 Fax: 694-7907

FOR OFFICE USE ONLY

In Consultation with: _____

DATE RECEIVED: _____ AMOUNT APPROVED: _____ DATE: _____

REASON REJECTED: _____

NOTIFICATION SENT: _____ FINAL REPORT RECEIVED DATE: _____ PAID: _____

CHEQUE NUMBER: _____ AMOUNT: _____ MAILED DATE: _____

Signature _____