

Parkville Recreation Council, Inc.

Program Budget Request

Beginning Budget Fiscal Year

2024

Organization/Program Name: Recreation Council Program (Y/N):

Chairperson (or Applicant) Name:

Phone Email Address

Address City Zip

Facility Requested

Total Program Hours Hours Per Week

Ways and times program will operate

SUN	MON	TUES	WED	THURS	FRI	SAT

Starting Date _____

Amount of Registration Donation \$ _____

Anticipated Income			
Registration Donation	No. _____	Cost \$ _____	\$ _____
Sponsors Donations			\$ _____
Estimated Net Profit from Fund Raisers			\$ _____
Other Income (Specify) _____			
Assessment Fee	Adult _____ at \$7 each	Child _____ at \$4 each	\$ _____
			Total Income \$ _____

Anticipated Expenditures

(Please itemize in detail)

Expendable Equipment and Supplies

1	_____	\$
2	_____	\$
3	_____	\$
4	_____	\$
Total Expendable		\$

Major Equipment

1	_____	\$
2	_____	\$
3	_____	\$
4	_____	\$
Total Expendable		\$

Salaries for Group Leadership

_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$
_____	Hours @ _____	per hour	Name _____	\$

Subtotal \$

Multiply Fringe by the Subtotal

Fringe **8.13%** \$

Add Fringe and Subtotal

Total Salaries _____

Uniforms / Costumes _____ \$

Estimated Fund Raiser Expense _____ \$

Other Expenses

1	_____	\$
2	_____	\$
3	_____	\$

Total Expenditures \$

Submitted by: _____ Date _____
(Program Treasurer)

Approved by: _____ Date _____
(Program Chairperson)

For Executive Board Use Only - Parkville Recreation Council, Inc.

Approved by: _____ Date _____
(Council Treasurer)

Approved by: _____ Date _____
(Council President)