

**PARKVILLE RECREATION AND PARKS  
PROGRAM BUDGET REQUEST  
FINAL BUDGET FISCAL YEAR 2017-2018**

1. PROGRAM: \_\_\_\_\_ AGE GROUP \_\_\_\_\_

2. CHAIRPERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

3. CHAIRPERSON ADDRESS: \_\_\_\_\_

4. PROGRAM TREASURER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

5. TREASURER ADDRESS: \_\_\_\_\_

6. LOCATION: \_\_\_\_\_

7. FACILITIES NEEDED: \_\_\_\_\_

8. TOTAL PROGRAM HOURS: \_\_\_\_\_ Hours per week= \_\_\_\_\_

9. WAYS AND TIMES PROGRAM WILL OPERATE:

SUN	MON	TUES	WED	THURS	FRI	SAT

10. STARTING DATE: \_\_\_\_\_

11. AMOUNT OF REGISTRATION DONATION: \$ \_\_\_\_\_

12. ANTICIPATED INCOME	
A. Registration Donations: No. _____ @ \$ _____	\$ _____
B. Sponsors Donations: Provide List of Sponsors with Budget for the Ways And Means Director	\$ _____
C. Estimated Net Profit from Fund Raisers (PROVIDE LIST OF FUND RAISER WITH BUDGET FOR THE WAYS AND MEANS DIRECTOR)	\$ _____
D. OTHER (Specify) _____  _____	\$ _____
E. Total Income	\$ _____
F. Less \$7 per person adult programs & \$4 per person children's programs to General Fund	\$ _____
G. ADJUSTED PROGRAM INCOME	\$ _____

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**13. ANTICIPATED EXPENDITURES:  
(PLEASE ITEMIZE IN DETAIL)**

**A. Expendable Equipment and Supplies**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

Total Expendable \$ \_\_\_\_\_

**b. Major Equipment**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

Total Expendable \$ \_\_\_\_\_

**c. Salaries for Gifts & Grants Employee's**

- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ Hours@\$\_\_\_\_\_ per hour Name \_\_\_\_\_ \$ \_\_\_\_\_

Total Salaries \$ \_\_\_\_\_

**d. Uniforms**

\$ \_\_\_\_\_

**e. Estimated Fund Raiser Expense**

\$ \_\_\_\_\_

(Complete the fundraiser form and turn it into Ways and Means Director)

- f. Other (Specify)**
- 1. \_\_\_\_\_ \$ \_\_\_\_\_
  - 2. \_\_\_\_\_ \$ \_\_\_\_\_
  - 3. \_\_\_\_\_ \$ \_\_\_\_\_

**TOTALEXPENDITURES \$ \_\_\_\_\_**

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

(PROGRAM CHAIRPERSON)

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

(COUNCIL PROGRAM DIRECTOR)

FOR BUDGET COMMITTEE USE ONLY

APPROVED BY WAYS AND MEANS DIRECTOR \_\_\_\_\_

APPROVED BY COUNCIL TREASURER \_\_\_\_\_