

**PARKVILLE RECREATION AND PARKS
PROGRAM BUDGET REQUEST
FINAL BUDGET FISCAL YEAR 2018-2019**

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 COUNCIL TREASURER _____