



Parkville Recreation Council, Inc.

Program Budget Request

Beginning Budget Fiscal Year

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. <u>0</u>	Cost \$ <u> </u> -	\$ -
Sponsors Donations			\$ -
Estimated Net Profit from Fund Raisers			\$ -
Other Income (Specify) _____			\$ -
Assessment Fee	Adult <u>0</u> at \$7 each	Child <u>0</u> 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 _____	\$	-
			Update Fringe % each year	Fringe	4.00%
			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)