

BUDGET

Expenditures

Leadership _____
Administration _____
Equipment & Material _____
Transportation _____
Facility rental _____
Other _____
Other _____
Other _____
Total Expenditures _____

Revenue

Fees or charges _____
Membership _____
Fund raising _____
Municipal contribution _____
Other _____
Other _____
Other _____
Total Revenues _____

Amount requested from the Active Kids/Healthy Kids Leadership Fund

Have you contacted any other government department, agency or association for assistance? Yes No

If yes, please specify

Date of application

Indicate the result of the request

Additional comments in support of your application

I certify that, to the best of my knowledge, the information provided by me in this grant application is accurate and complete and that the project is endorsed by the organization which I represent.

Signed

Name (Print)

Date
