Parkville Recreation Council, Inc. Program Budget Request												
Program Budget Request   RECREATION COUNCIL INC.   Ending Budget Fiscal Year												
Organization/Program	n Name:		Recreation Council Program (Y/N):									
Chairperson (or Applicant) Name:												
Phone		E	mail Address									
Address City Zip												
Facility Requested												
Total Program Hours Hours Per Week												
Ways and times	s program will op	erate										
SUN	MON	TUES	WED	THURS	FRI	SAT	SAT					
Starting Date												
Amount of Regis	stration Donatio	n										
Anticipated Inc Registr	ome ation Donation	No	0	Cost \$	-	\$	-					
Sponsors Donations												
Estimated Net Profit from Fund Raisers												
Other Income (Specify)							-					
Asso	essment Fee	Adult 0	at \$7 each	Child <u>0</u>	at \$4 each	\$	-					
					1	Total Income \$	-					

Anticipated Expenditures				
(Please itemize in detail)				
Expendable Equipment an	d Supplies			
1				\$
2		\$		
2				\$
4				\$
			Total Expendable	\$
Major Equipment			• • •	•
1				\$
2				\$
3				\$
4				\$
			Total Extendable	\$
Salaries for Group Leaders	hip			
Hours @	per hour	Name		\$
Hours @	per hour	Name		\$
Hours @		Name		\$
Hours @	per hour	Namo		\$
Hours @	per hour	Name		\$
Hours @	per hour	Name		\$
Hours @	per hour			\$
Hours @	per hour	Name		\$
Hours @	per hour	Name		\$
Hours @	per hour	Name		\$
	Up	date Fringe % eac <mark>h year</mark>		\$
			Total Salaries	\$
Uniforms / Costumes				\$
-				
Estimated Fund Raiser Exp	ense			\$
Other Expenses 1				\$
2				\$
3				\$
			Total Expenditures	\$
Submitted by:			Date	
	(Program Trea	asurer)		
Approved by:			Date	
	(Program Chair	person)		
For Executive Bo	pard Use Only	- Parkville Recreation	Council. Inc.	
Approved by:	, , , , , , , , , , , , , , , , , , ,		Date	
	(Council Trea	surer)		
Approved by:	10001101110	501017	Date	
	(Council Pres	idant)		