

Youth Group Projects Program – Budget Information – Page Two

ALL BUDGET AMOUNTS MUST BE ROUNDED TO THE NEAREST DOLLAR.

| 1. Participant End of Project Incentive Bonus | No. of Youth Participants | No. of weeks | Total Weeks | |
|--|---------------------------|--------------|------------------------|---|
| | Col. 2 | Col. 3 | Col. 4 = Col. 2 x 3 | Total Incentive Bonus Col. 5 (Col 2 x 3 x \$50) |
| Participant - End of Project Incentive Bonus - \$50/wk | | | | \$ |

| 2. Overhead Costs: Please refer to program description for eligible costs | Total Overhead Sponsor Contribution | Total Overhead Shooniyaa Wa-Biitong Contribution Requested | Total Overhead Costs |
|--|--|---|----------------------|
| | | | |
| | | | |
| Total Overhead Costs: | \$ | \$ | \$ |
| Project Costs - Please refer to program description for eligible costs. | Total Program Costs Sponsor Contribution | Total Program Costs Shooniyaa Wa-Biitong Contribution Requested | Total Program Costs |
| Youth Project Coordinator | | | |
| Program Materials – Attach breakdown | | | |
| Resource/Presenters/Elders | | | |
| Nutrition | | | |
| Other – Attach breakdown | | | |
| Total Program Costs: | \$ | \$ | \$ |
| Total Sponsor Contribution, Shooniyaa Wa-Biitong Requested Funding and Project Costs: (Please add up the sub-totals for the Sponsor Contribution, Shooniyaa Wa-Biitong Contribution Requested and Total Costs) | Total Sponsor Contribution | Total Shooniyaa Wa-Biitong Request | Total Costs |
| | \$ | \$ | \$ |

| Source of Sponsor Contribution: From what sources will the sponsor be utilizing to contribute to the project costs? Please also include the forecast of revenue if revenue will be generated as a result of the training | Total |
|--|-------|
| 1. | |
| 2. | |
| 3. | |
| GRAND TOTAL MUST EQUAL THE SPONSOR CONTRIBUTION: | \$ |

I/WE CERTIFY THAT EACH JOB TO BE CREATED FOR A PARTICIPANT IS IN ADDITION OF EMPLOYMENT FOR THE PERIOD AND THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE. WE HEREBY ACKNOWLEDGE THAT WE ARE AUTHORIZED SIGNERS ON BEHALF OF THE APPLICANT.

| | | | |
|----------------------|-----------|------------|-------|
| Name: (Please Print) | Position: | Signature: | Date: |
| Name: (Please Print) | Position: | Signature: | Date: |

**SHOONIYAA WA-BITONG APPLICATION
BASIC EMPLOYER/INSTITUTION INFORMATION**

| | |
|--------------------------------------|--|
| Name of Employer/Institution: | File Number (Official Use Only) |
| Legal Name of Employer: | Years in Business (If For-Profit) |
| Mailing Address: | Postal Code: |
| City/Town: | Province: |
| Project Location: | |

Legal Signing Officers (those who have legal authority to sign the contract, any amendments, reports, etc.)

| Title: | Name: | Specimen Signature: |
|---------------|--------------|----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

How many of the above signatures, and in what combination are required to bind your organization in a legal agreement?

| |
|--|
| |
| |

Person Responsible for Books

| | | |
|----------------------|---|-------------------------|
| Name: | Telephone No. Business | Fax No. Business |
| Name of Bank: | Account Number(s): | Type of Account: |
| Address: | Postal Code: | Province: |
| City: | Spare Account for Project: <input type="checkbox"/> yes <input type="checkbox"/> no | |