

SAULT STE. MARIE, MICHIGAN PARKS AND RECREATION DEPARTMENT
BUDGET REQUEST INFORMATION RECREATION PROGRAM FUNDING

ONLY TYPE WRITTEN or LEGIBLY PRINTED FORMS WILL BE ACCEPTED!
IT IS MANDATORY THAT A REPRESENTATIVE BE PRESENT AT MEETING

**NOTE: Presentation limited to five (5) minutes. Please contact the Parks & Recreation for deadline to return application
Call (906) 635-5341**

DATE: _____ ORGANIZATION: _____

AMOUNT REQUESTED: \$ _____

1. Please indicate the purpose and structure of your youth organization:

2. Please list total number of participants your youth organization serves:

Number of City Resident participants:

City Resident is defined as a person whose residence is located **North of Three Mile Road only**.

Number of Non-City Resident Participants:

Non-City Resident is defined as a person whose residence is located **South of Three Mile Road only**.

Include a breakdown by age of all participants.

3. Please list or attach a breakdown on all fees for each age group.

4. In general, how does your organization raise operating funds?

5. Document your budget request showing programs offered at present, new programs proposed, and identify any non-recurring expenses.

6. Complete the attached budget forms.

7. Include a copy of last year's financial statement. If your request includes an increase from prior year, please state why.

Organization: _____.
Budget Breakdown for Requested Program Funding

Please show a breakdown of expenses in each category for estimated expenditures in the coming year. Please attach verification for each area (numbers, cost per item, etc.) and fill in year.

	Previous Year _____ Projected	Previous Year _____ Actual	Current Year _____ Projected
Supplies: Administrative, Office	_____	_____	_____.
Equipment, Uniforms, Etc.	_____	_____	_____.
Repairs/Laundry:	_____	_____	_____.
Rent: Ice time, Buildings, Fields, Etc.	_____	_____	_____.
Postage:	_____	_____	_____.
Printing: Brochures, Programs, Tickets, Etc.	_____	_____	_____.
Telephone:	_____	_____	_____.
Advertising/Public Relations:	_____	_____	_____.
Awards/Trophies:	_____	_____	_____.
Consultant/Contractual Services (Officials, Professionals, Etc.)	_____	_____	_____.
<u>Coaches</u>			
Luncheons, Receptions, Banquets, Entertainment	_____	_____	_____.
Trustee Fees: Guarantees	_____	_____	_____.
Memberships, Dues, Entry Fees, Subscriptions:	_____	_____	_____.
Travel: Mileage, Meals, Lodging, Bridge Fare, Etc.	_____	_____	_____.
Miscellaneous: (Any other expenses of the organization not previously listed. Attach additional sheet for itemizing these expenses)	_____	_____	_____.
Capital Improvement Project/Purchase: List Project/Purchase:	_____	_____	_____.
TOTAL AMOUNT OF EXPENSES	\$_____	\$_____	\$_____.

Please Declare Total Organization Financial Status/Assets (i.e., Bank accounts, Investments, etc)

Revenue Producing Activities

Please indicate **ALL** present sources of funding for your organization. List agency, persons, or organizations responsible for contributions below and please fill in year:

	Previous Year _____ Projected	Previous Year _____ Actual	Current Year _____ Projected
Fees/Registration:	_____	_____	_____.
Contributions: Grants	_____	_____	_____.
Service Organizations	_____	_____	_____.
Foundations	_____	_____	_____.
Individuals	_____	_____	_____.
Program Funding Allocation			
Fund Raising Projects (Listing):	_____	_____	_____.
Ticket Sales:	_____	_____	_____.
Sponsors:	_____	_____	_____.
Other:	_____	_____	_____.
TOTAL REVENUES	\$_____	\$_____	\$_____.

Submitted By: _____ Title: _____.

Date: _____ Organization _____:

PROGRAM FUNDING PARTICIPATION DATA FORM

FISCAL YEAR: _____.

Please Complete This Form & Return to Parks & Recreation Department
on or before JANUARY 1st of Each Year

PLEASE COMPLETE THE FOLLOWING AS IT PERTAINS TO YOUR YOUTH GROUP:

① TOTAL NUMBER OF REGISTRANTS (YOUTH ONLY) IN ORGANIZATION THAT BENEFIT FROM PROGRAM FUNDING ALLOCATION:

CITY RESIDENT PARTICIPANTS: _____.

NON-CITY RESIDENT PARTICIPANTS: _____.

② BREAKDOWN BY DIVISION(s) (i.e. Mite Initiation, Mite Minor, General Membership, T-Ball, Little League, etc.):

DIVISION:

NUMBER:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

J. _____

NAME OF GROUP: _____.

(Signature/Title of Authorized Representative)

(Date)

NOTE: PLEASE RETURN THIS FORM WITH YOUR PACKET ONLY IF YOUR REGISTRATION IS COMPLETE FOR A SUMMER ACTIVITY. IF YOUR REGISTRATION IS COMPLETED AFTER PROGRAM FUNDING ALLOCATION IS AWARDED THEN RETURN IMMEDIATELY AFTER HOLDING YOUR FINAL REGISTRATION.