**Program Budget Chart/C4F Request** (Please fill out 1 form for each program you are applying for if you require more space please use back of this sheet)

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of weeks program will run (start date till end date): \_\_\_\_\_\_\_\_\_\_ Facilitator Hours: Program time: \_\_\_\_ Planning time: \_\_\_\_
Facilitator total hours per week (programming + Planning X Number of weeks):\_\_\_\_\_\_\_\_\_\_\_

Total Hours for Child care provider/s per week\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items/Details | Request from C4F(funding provided for program specific supplies only) | Other Funders/Partners(include monetary and in-kind). Please list partners | Amount from other funders:  | Totals from us and other funders:(add total from C4F column and other funder column)  | Other considerations (e.g. Historically large attendance warranting larger allowances…) |
| Honoraria/Facilitator Fees(maximum $17 per hour) | $ per hour(max $17) \_\_\_\_\_\_\_\_\_XHours per week \_\_\_\_\_\_\_\_\_\_\_X number of weeks \_\_\_\_\_\_\_\_\_\_\_+ $102 for facilitators’ meetings (only for WGM programs)= Total cost \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Child Minding /additional staffing(maximum $13/hr only for program time) | $ per hour(max $13)\_\_\_\_\_\_\_\_\_\_\_XHours Per week \_\_\_\_\_\_\_\_\_\_XNumber of weeks \_\_\_\_\_\_\_\_\_= $ Total cost \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Healthy Snacks(maximum $35 per week) | Number of Weeks (see above) \_\_\_\_\_\_X $35 per week= Total Cost $\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Program supplies(Maximum $20 per week) | Number of weeks (see above) \_\_\_\_\_\_\_\_X $20 per week= Total Cost $ \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Accessibility Expenses (please list requirements)Maximum $400 | Number of weeks (see above) X $\_\_\_ per week = Total Cost $ \_\_\_\_\_\_\_\_\_\_  |  |  |  |  |
| Total Requested | Total amount requested: $ \_\_\_\_\_\_\_\_\_\_(add totals from above columns) |  |  | Total program cost: $\_\_\_\_\_\_\_\_\_\_\_(add column above) |  |