**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) \_\_\_\_\_\_\_\_\_X  Hours 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)\_\_\_\_\_\_\_\_\_\_\_X  Hours Per week \_\_\_\_\_\_\_\_\_\_X  Number 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) |  |