

July 2015

**Foster Families Leadership Committee
Proposal Form for Additional Funding**

*All requests must be received no later than **30 days** prior to the event*

Date: _____, 20____

Name: _____ Leadership Committee

Address: _____

City/Town: _____ Postal Code: _____

Event Purpose:

- Foster Family BBQ
- Christmas Party
- Training
- Other (please specify) _____

Expected Attendees _____

Food _____ \$ _____

Entertainment (Please itemize with dollar amount): _____

_____ \$ _____

Venue: _____ \$ _____

Additional Costs (supplies, insurance, misc.)

_____ \$ _____

Total Dollars Requested \$ _____

The Leadership Committee proposal is subject to review and approval by the SFFA Executive Director.

Leadership Committee Chair

Leadership Committee Member

Date Received at the SFFA Office: _____, 20__

Reviewed by Executive Director: _____

Approved: _____ YES _____ NO

Dollar amount approved _____

Comments:

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Fax: 306-975-1581
Email: sffa@sffa.sk.ca