

Love and Care Week 2017

Budget Form

INCOME:

Church Subsidy: \$ _____
Donations by church members: \$ _____
Donations from non-members: \$ _____
Other: \$ _____
Request from Conference: \$ _____
TOTAL: \$ _____

PROPOSED EXPENDATURES

Program supplies and cost: \$ _____
Equipment: \$ _____
Rent: \$ _____
Other: \$ _____
TOTAL: \$ _____

TOTAL REQUEST FROM CONFERENCE: \$ _____

Amount Approved: \$ _____

Request for conference subsidies must be submitted to the Community Services Department on or before **July 15, 2017**. **Conference Subsidies are capped at \$500.00.**

Church: _____

Submitted by: _____

Day Phone : _____ Email: _____

Address: _____

*Please return form to: Community Services Department
1110 King Street East, Oshawa, ON L1H 1H8 ATTN: Rose*

Any questions e-mail or call Rose at: 905.571.1022 Ext 109 or rdunn@adventistontario.org