

CATONSVILLE REC COUNCIL PROGRAM BUDGET PROPOSAL

Program Number: _____ Program Name: _____ Year: _____

Chairperson: _____ E-mail & Cell #: _____

Treasurer: _____ E-mail & Cell #: _____

Age Group: _____ Program Start & End Dates: _____

Registration Opening & Close Date(s): _____

Facility(s) Used: _____

Day(s): _____ Time: _____

Instructor(s): _____

Name

Address

Phone#

INCOME:

TOTAL AMOUNT

Anticipated Registration (Cost X # of participants): _____ \$ _____

Additional Income (Fundraisers/Donations): _____ \$ _____

TOTAL INCOME: \$ _____

EXPENSES:

TOTAL AMOUNT

Council Assessments (\$10.00 per adult/\$4.00 per youth) _____ \$ _____

County Leadership Fees: _____
(\$15.00 per hour X number of hours in facility X number of days)

Equipment/Supplies: **ITEM(S)** **QUANTITY** **PRICE**

TOTAL EQUIPMENT/SUPPLY COSTS \$ _____

TOTAL EXPENSES: \$ _____

Balance from Previous Year (See Treasurer's Report): \$ _____

GRAND TOTAL (Surplus): \$ _____

Baltimore County Contact: Michelle Washington mWashington@baltimorecountymd.gov (410) 887-0959