

BUSINESS DEVELOPMENT FUNDING REQUEST

Business Development 14033 92 Avenue, Surrey, BC V3V 0B7 SITE # 668 Phone: (604) 595-6075 Fax: (604) 595-6067 Email: ricou_l@surreyschools.ca

Complete this application form if you would like the Education Business Community Partnerships Advisory Committee (EBCPAC) to consider your innovative program or project for funding in the 2016/2017 fiscal year. EBCPAC will review all applications submitted and advise on how to disburse discretionary funds generated through the Business Development Department's work in filming, advertising programs, donations and facility rentals.

THE DEADLINE FOR SUBMISSION OF REQUESTS IS May 13, 2016 Requests submitted after this date may be considered at a later date, however, your chances of receiving funding decrease significantly if your submission is received after May 13, 2016.

Please provide the following information about your program or project. Please attach additional information or pages if required. Only complete forms will be considered.

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NAME OF PROJECT:				
SCHOOL / DEPARTMENT:		CONTACT NAME:		
TELEPHONE:		CELL PHONE:		
TEEEI HONE.		GEEET HORE.		
PROJECT START DATE:		PROJECT END DATE:		
AMOUNT OF FUNDING REQUESTED:				
NEW PROJECT? (Y / N)		IS ANNUAL FUNDING		
NEW FROSEST (17 N)		REQUIRED? (Y/N)		
TI (POPE		· · · · · · · · · · · · · · · · · · ·	TO(D	
IMPORTANT: PLEASE ATTACH A COMPLETE PROJECT BUDGET				
INC	LUDING ALL PROJECTE	D REVENUES AND EXPENSES.		
PROVIDE A BRIEF DESCRIPTIO	N OF THE PPO IECT:			
PROVIDE A BRIEF DESCRIPTIO	NOT THE PROJECT.			
WHAT IDENTIFIED NEEDS WILL THE PROJECT ADDRESS? WHAT ARE THE PROJECT GOALS?				
L				
IS THIS PROJECT UNIQUE IN TH	HE DISTRICT OR PROVINCE?	IF YES, HOW?		
HOW MANY PEOPLE WILL BENEFIT FROM THE PROJECT? WHAT ARE THEIR AGES?				
Note: Successful applicants will be required to complete a brief Project Evaluation Report upon completion of the project,				
explaining how the funds were u	itilized and expenses incurred			
Degree at ad by:				
Requested by:	NAME (print or type)	SIGNATURE	DATE	
Approved by (Principal /	NAME (print or type)	SIGNATURE	DATE	
Supervisor):				
, , ,	NAME (print or type)	SIGNATURE	DATE	



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NAME OF PROJECT					
SCHOOL/DEPARTMENT	CONTACT NAME				
TOTAL BUDGET REQUEST	CONTACT NUMBI	ER			
	(INCLUDING TOC TIME), COMPUTERS L SUPPORT THROUGH THE EBCPAC G				
PROJECT/PROGRAM REVENUE					
NAME OF ORGANIZATION	TYPE OF FUNDING (CASH, IN- KIND)	AMOUNT			
	TOTAL REVENUE	\$			
	PROJECT/PROGRAM EXPENSES				
BUDGET ITEM DETAILED EXPENSE AMOUNT					
BODGET TIEW	DETAILED EXITERSE	AMOUNT			
	TOTAL EXPENSES	\$			