

CORPORATE ADMINISTRATION

Fee for Service Grant – Statement of Accountability (Due: December 31st of each year)

Name of Organization:		
Full Mailing Address:		
Contact Person:		
Phone #:	Email: _	
Description of Service Provided:		
Number of People Using the Service: _		
Amount of Funds Received:		
City of Mission: \$		Other Sources: \$
Revenue Received from All Sources:	\$	
All Expenses:	\$	
Net Profit or Loss:	\$	
If Profit – How were the surplus funds of	disbursed?	
If Loss – what steps will be taken to en	sure the service wi	vill be profitable in the future?
Remember to attach the following supp	porting documentat	ution:
 □ Proof of liability insurance (see Sec □ The current list of board members □ The annual general meeting minute □ A detailed proposed budget, listing 	ction 8 of the Agree and number of emples, (including mana revenue/expenses ous fiscal year ('Nove \$50,000).	eement). pployees (full time and part time).
Certification and Date:		
\square I certify that the information provided	d above is true and	d correct to the best of my knowledge.
Signature: Date:		Date: