SAMPLE

REGIONAL MUNICIPALITY OF WOOD BUFFALO

APPENDIX I

BUDGET AMENDMENT REQUEST FORM

Executive Director: Date:
Organization Name:
Street Address:
City/Hamlet, Prov. Postal Code:

Fill in the blanks for ED Name, Org Name, Mailing Address and Date

Attn: Community Investment Program
Regional Municipality of Wood Buffalo
Office of the Chief Financial Officer
9909 Franklin Avenue, Fort McMurray, AB T9H 2K4

Re: Request for Financial Approval for Budget Adjustment

I am requesting to transfer:

Amount	*From* Line Item	*To* Line Item	Reason for Adjustment
$	*Name of Budget Item FROM YOUR AGREEMENT*	*Name of Budget Item FROM YOUR AGREEMENT*	*Details*

Example scenario:
Your organization was approved for a budget of $5,000 for 'Summer Youth Camp Supplies.' This is reflected in your agreement, under Schedule A.
Your organization then received a generous donation specifically for the 'Summer Youth Camp Supplies'. You no longer need these grant funds for the approved Budget Item. You can now request to move some or all of that budget line item to another budget line item that is *RELATED* to the original application. You realize you had under estimated the cost to rent the multipurpose room to hold the summer camp and could use this extra $5,000 in the budget line item 'Facility Rental'
Here is how to fill this form out for this scenario:

$5,000.00	Summer Youth Camp Supplies	Facility Rental	Due to unexpected donation towards the camp supplies, we request to to move funds to facility rental to offset unexpected costs there.

**Budget line items that are not related to the approved programs or services from the agreement are ineligible. **

Number of supporting attachments *(Optional)* _____

Sincerely,

Executive Director to sign

Executive Director Name will automatically populate here after filling it in above

Please do not enter anything in this box.

RMWB USE ONLY

_____ Yes, I approve _____ No, I do not approve

Community Investment Program Manager: Toni Elliott

How to submit form

Manager's Signature: _____ Date: _____

This form and supporting attachments can be mailed or dropped off to the address above, or scanned and emailed to CIP@rmwb.ca