

PART 5 PROVINCIAL/TERRITORIAL ASSOCIATION MEMBERSHIP/NON-MEMBERSHIP	
<i>Please list the names of the current paid up member Friendship Centres and denote NC for those which are non-core funded.</i>	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	32.
<i>List names of Friendship Centres in your province/territory that are non-members and denote NC for non-core funded.</i>	
1.	5.
2.	6.
3.	7.
4.	8.

PART 6 ANNUAL BUDGET		
Revenue		
AFCP program Administration Funding Allocation	\$	70,000
Total Revenue	\$	70,000
Expenses		
AFCP Administrator		
Salary	\$	
Benefits	\$	
CPP	\$	
EI	\$	
AFCP Resource Meetings (travel, accommodation, meals)	\$	
Administration Fees	\$	
Total Expenses	\$	
NET TOTAL		\$

PART 7 CERTIFICATION AND AUTHENTICATION OF AFCP PROGRAM ADMINISTRATION FUNDING APPLICATION

This funding application has been reviewed and approved by the Board of Directors at their regular/special meeting on _____.

_____ President Signature	_____ Date
_____ Name (Please Print)	

OR

By virtue of the Corporate Seal Stamp, the application is certified as approved by the Board of Directors and that it is true, accurate and complete. _____ Executive Director Signature _____ Name (Please Print) _____ Date	Affix corporate stamp above
---	-----------------------------