

PROJECT/PROGRAM PROPOSAL

| Host First Nation Charity: | AGLC ID #: | | | |
|---|--|--|--|--|
| Project/Program Name: | | | | |
| Project/Program Contact Info: | | | | |
| Project/Program Description: (Include program info is needed, please attach a separate sheet.) | ormation, deliverables, goals, objectives, community benefit, etc. If more space | | | |
| | | | | |
| HFNCCPH Policy #: | Project/Program Location: | | | |
| Gaming Proceeds Request | | | | |
| Fiscal Year Funding: 20/20 Total Project/Program Cost: \$ Other Government Funding: \$ (i.e., AANCD targeted) | One-time funding Multi-year funding Total Gaming Proceeds Request: \$ | | | |
| For projects/programs supported with gaming procedure Detailed budget summary, including program donarity approval BCR (if applicable based on policy) Travel Itinerary (Form CSR/GAM 5443) Policies/procedures document (if applicable) *Please complete the Wages/Salaries Record Form of | elivery costs, administration, and Wages/Salaries* | | | |
| | (Cont'd on reverse) | | | |

PROTECTED WHEN COMPLETED FORM CSR/GAM 5624 (2015 Feb)

WAGES/SALARIES RECORD FORM

| Name | Position Title | Program/Employer | Start Date | Amount* |
|----------|----------------|------------------|------------|---------|
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^{*}Amount should include all benefits and please identify 'annual', 'hourly', 'weekly' or 'contract'

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