# Carry-Forward Request Form:

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| **Date:** |  |
| **Friendship Centre:** |  |
| **Funding Agreement:** |  |
| **Manager of Program:** |  |
| **Executive Director:** |  |

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| **Requested amount of funding to carry forward into the 2023/2024 fiscal:** | **$** |

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| **Please provide a detailed explanation on why the funds are being requested to carry forward:** |
| (Minimum one paragraph) |
| **Please provide information on how the funds will be expended during the next fiscal:** |
| (Minimum one paragraph) |

Carry forward request submitted with approval from the above stated Executive Director:

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Executive Director Signature