# Carry-Forward Request Form:

***Please note, a separate Carry-Forward Request Form must be completed and submitted for EACH funding agreement where there is carry-forward, by the end of the funded fiscal year.***

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| --- | --- |
| **Date:** |  |
| **Friendship Centre:** |  |
| **Funding Agreement:** | * UPIP Organizational Capacity (OC)
* UPIP Programs & Services (P&S)
* MIRR Provincial Capacity (ProCap)
* MIRR First Citizens Fund (FCF)
 |
| **Manager of Program:** |  |
| **Executive Director:** |  |

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| **Requested amount of funding to carry forward into the 2025/2026 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature

BCAAFC Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date