

Ministry of Health and Long-Term Care Ministère de la Santé et des Soins de longue durée

PROPOSAL FINANCIAL SUMMARY

Please fill in the relevant cost categories for your proposal:

COST CATEGORIES

COST CATEGORIES			
RENOVATIONS	2003/04 Costs	2004/05 Costs	2005/06 Costs
Please input the cost item requested (e.g. contractor)			
r lease input the cost item requested (e.g. contractor)			
	+		
	+		
Subtotal	\$0	\$0	\$0
LEASEHOLD IMPROVEMENTS	2003/04 Costs	2004/05 Costs	2005/06 Costs
	2003/04 Costs	2004/03 COStS	2003/00 Costs
Please input the cost item requested			
	+		
	+		
	+		
Subtotal	\$0	\$0	\$0
	, ,	, ,	
FURNISHINGS	2003/04 Costs	2004/05 Costs	2005/06 Costs
Please input the cost item requested			
Subtotal	\$0	\$0	\$0
EQUIPMENT	2003/04 Costs	2004/05 Costs	2005/06 Costs
Please input the cost item requested			
r lease input the cost item requested	+		
	1		
Subtotal	\$0	\$0	\$0
TOTAL	2003/04 Costs	2004/05 Costs	2005/06 Costs
\$0	\$0	\$0	\$0

(Please ensure the total amount on this spreadsheet is equal to the total requested amount in the proposal.)

Please provide a brief description for the major cost item in each cost category (one to two paragraphs): Supporting documents are to be provided to validate for the expense request.

COST CATEGORIES

RENOVATIONS

LEASEHOLD IMPROVEMENTS

FURNISHINGS

EQUIPMENT