



Request For NRRF Specialty Program and Course Funding

Initiative Name:

Program Start Date (Y/M/D):

Anticipated Completion Date(Y/M/D):

Employer and RHA:

Proposal

1.0 Statement of Purpose (Program Overview and goals):

2.0 Significance/Rational (Include Background/Identified Need):

3.0 Detailed Program Activities (Include Number and designation of Nurses):

5.0 Detailed Summary of Expenses:

	Budget	Actual
Expenses:		
Salaries & Benefits		
Materials		
Rentals		
Food		
Speakers		
Supplies		
Travel		
Other		
Total Expenses:	0	0

6.0 Projected Summary of Outcomes/Benefit to region

7.0 Contact Information

Nurses Recruitment and Retention Fund
1062-300 Carlton Street, Winnipeg MB R3B 3M9
Phone: 1 (877) 681-4983 Fax: 1(204) 779-1044
Email: nrrf@gov.mb.ca