

**NURSES RECRUITMENT AND RETENTION FUND
SPECIALTY PROGRAMS AND COURSES FUNDING**

**ANNUAL FINANCIAL STATEMENT AND PROJECTION FOR THE
PERIOD FROM _____ TO _____**

RHA _____

	1	2	3	4	5 (3+4)	6	7 (5-6)
List of Initiatives	Year to Date Prior Quarter	Actual for the Current Quarter	Actual To Date	Projected Expenditures For the Remainder of the Project	Total Projected Expenditures	Current Project Budget	Projected Variance Over (Under) Budget
1					0		0
2					0		0
3					0		0
4					0		0
5					0		0
6					0		0
7					0		0
8					0		0
9					0		0
10					0		0
11					0		0
12					0		0

Signature CEO: _____ Committee Chair: _____

RHA Name: _____ or Co-Chairs: _____

**NRRF SPECIALTY PROGRAMS AND COURSES FUNDING
DETAILED ANNUAL FINANCIAL REPORT**

Initiative Name: _____
Start Date of Program (Y/M/D) _____
Facility Name and RHA: _____

Initiative Number: _____
Completion Date (Y/M/D) _____
Quarter Ending: _____

1.0 Program Overview:

2.0 Number and designation of Attendees (RN/RPN/LPN)

3.0 Detailed Program Activities

4.0 Summary of Expenses

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

5.0 Summary of Outcomes/Benefits to Region (Including Type & Level of Skills Developed)