***NEW BRUNSWICK SECRETARIAT OF OFFICIAL LANGUAGES***

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| **New Brunswick Bilingualism Support Program (NBBSP)** |

**FINANCIAL REPORT (April 1 to March 31)**

|  |
| --- |
| **Organization name:**  |
| **Mailing address (civic number, street name, P.O. box):** |
| **City:** | **Province:** New Brunswick | **Postal code:** |
| **Telephone:** | **Extension:** | **Cell phone:** | **Email:** |
| **Contact person** |
| **Title:**  **Mr. Ms. Other**  |
| **First name:**  | **Last name:** | **Position title:** |
| **Email:** | **Telephone/cell phone:** |
| **Project**  |
| **Project title:** |
| **Project duration:** |
| **Start (YYYY-MM-DD)** | **End (YYYY-MM-DD)**  |
| **EXPENSES** |
| 1. Fees
2. Promotion and communication
3. Translation and interpretation
4. Office expenses
5. Location
6. Other (specify)
7. General administrative fees (10% of budget)

**TOTAL EXPENSES**  |
| **REVENUE** |
| 1. NBBSP funding
2. Provincial government – specify:
* Department:
* Funding program:
1. Federal government
* Department:
* Funding program:
1. Municipal contribution:
2. Applicant contribution:
3. Contribution of partner organizations:
4. Other funding sources – specify:

**TOTAL REVENUE** **NET EXPENDITURE (expenses – revenue)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Head of organization  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Financial manager  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

 |
| **NET EXPENDITURE (expenses – revenue)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return the completed form by email to Hello.Bonjour@gnb.ca or by mail to the following address:

**New Brunswick Department of Intergovernmental Affairs**

**Secretariat of Official Languages**

**Chancery Place**

**P.O. Box 6000**

**Fredericton, New Brunswick**

**E3B 5H1**