

RHEAL Leader Program Title:		
Program Start Date:		
<b>EXPENSES</b>	<b>Amount Requested</b>	<b>Details</b>
<b>Leader Expenses</b>		<b>Hourly Rate required</b>
Prep time (plan, promote, etc.)		
Delivery time (lead program)		
<b>Program Expenses</b>		<b>Describe Costs</b>
Supplies and Materials		
Facility Rental		
Other (please describe)		
Healthy Snacks (funded by YG Health Promotion)		
<b>TOTAL FUNDING REQUESTED</b>		
<b>NOTES: Please include anything that will help us understand your budget</b>		