



REGIONAL EXPENDITURE APPLICATION (REA)

Regional Expenditure requires due consideration and financial approval by the Board of Directors and Treasurer. This Application will justify the benefits the Region will experience if the Expenditure is approved. Please provide clear information & supporting documentation when relevant. The application will be assessed on the \$ value, the ratio of members it will benefit, prior applications within the current season and if any media exposure opportunities exist.

R.E.A. DATE		NAME	
VALUE (A)	\$	REGION	
TYPE	CLINIC <input type="checkbox"/>	TROPHY <input type="checkbox"/>	EQUIPMENT <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> LABOUR <input type="checkbox"/> EVENT <input type="checkbox"/>

DESCRIPTION OF THE PROPOSED EXPENDITURE	

POSITIVES	1	
	2	
	3	

HOW MANY MEMBERS WILL BENEFIT? (C)	0 - 20 <input type="checkbox"/>	21 - 40 <input type="checkbox"/>	41 - 60 <input type="checkbox"/>	61 - 80 <input type="checkbox"/>	80 + <input type="checkbox"/>
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NEGATIVES	1	
	2	
	3	

SUPPLIER OF GOODS/SERVICE			
REGIONAL REPRESENTATIVE		DO THEY ENDORSE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU OBTAINED MAJORITY REGIONAL MEMBER SUPPORT?	N/A <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOW DID YOU ENGAGE THE REGIONAL MEMBER BASE?	WRITTEN <input type="checkbox"/>	VERBAL <input type="checkbox"/>	AT AN EVENT <input type="checkbox"/>
EVIDENCE OF SUPPORTING DOCUMENTATION ATTACHED?	N/A <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SUPPORTING DOCUMENTATION (i.e. Quotes, Minutes)	1		3
	2		4

Applicant		
NAME	SIGNATURE	DATE

OFFICE USE ONLY					
CURRENT REGIONAL BALANCE (B)	\$	EXPENDITURE RATIO (%) (A / B)	%	NUMBER OF PRIOR APPLICATIONS WITHIN THE CURRENT SEASON	#
CURRENT REGIONAL MEMBERS (D)	#	MEMBER BENEFIT RATIO (%) (C / D)	%	OPPORTUNITY FOR POSITIVE MEDIA EXPOSURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>

APPROVED BY					
APPROVED	<input type="checkbox"/>	DENIED	<input type="checkbox"/>	COMMUNICATE TO APPLICANT	YES <input type="checkbox"/> NO <input type="checkbox"/>

Office Manager on behalf of Board of Directors (Majority Vote)		
NAME	SIGNATURE	DATE

Treasurer		
NAME	SIGNATURE	DATE

ADDITIONAL COMMENTS