**Before you fill the forms, be aware that all programs being requested by individuals and organizations that are not a registered charity or “Not for Profit” and where fee or monitory transaction is required, must do so through IANWC or Muslim Association of Calgary -Northwest.**

 **Date:** yyyy/mm/dd

**Title of the Program:**

Enter title of the program here

1. **Program Objective(s):** (identify 3 key objectives)

1

2

3

1. **Program Duration:** (describe detailed schedule per month/year as applicable)

Date:

Start Time:

End Time:

Frequency: Enter if weekly, monthly, or yearly

1. **Intended Audience:** (age groups, number of people)

Age: note age range

Gender: Boys, girls, women, men or mixed

Number of expected audience: Give an expected range

1. **Program Resources and Budget:** (funds and external resources)

Earnings from the program:

 Fee per person: $ amount

 Total Earnings expected: $ amount

 Cheques to be written to: Give exact name of the organization:

 Alberta Registration Number for Not for Profit:

 Charity Number for registered charity:

Important: Payments must be to an authorized and registered charity of a registered not-for-profit organization. If this is not a Muslim Association of Calgary or MCFC, please provide full name and registration number.

 Method of payment anticipated: Cash [ ] , Cheques [ ] , Credit Card: [ ]

One time printing cost:

Full series printing cost:

Other material or equipment cost:

One session meal cost:

Full series meal / snacks cost:

One time speaker cost (including stay, air ticket and hotel)

Full series speakers cost:

Speaker must be approved by the Board of IANWC

Cost: Total for one time program

Total cost of series program.

Total cost in dollars

For additional payments, please use supplementary papers:

**FOR REGULAR TRAINING OR EDUCATIONAL PROGRAMS**

1. **Monthly Class Schedules:** (broken down by half hourly basis /day)

PLEASE PROVIDE DETAILS:

DAY

DATE

TIME OF THE DAY

1. **Intended Facility Usage:** (space, equipment etc.) Please check **√** as applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  [ ]  | Musallah- Men side |  |  [ ]  | Musallah-Women side |  |  [ ]  | Youth Center  |
|  |  |  |  |  |  |  |  |
|  [ ]  | Kitchen Area |  |  [ ]  | Sound System  |  |  [ ]  | Others insert item |

1. **Important Note:** Program Coordination shall responsible for the followings:
2. Organize tables, chairs and cleanup the facilities.
3. Ensure the door is locked and lights are turned off at the end of program
4. Send after program pictures of the facilities to Program Director, IANWC board to programs@ianwc.ca
5. **Program Coordinator(s):** (Primary and back up person)

**Name(s):**

 Person 1

 Person 2

 Person 3

**E-mail: Insert email address of the primary contact**

**Phone (cell):Insert cell phone # of primary contact**

**Signature of the primary applicant: sign here or insert electronic signatures**

**Note:**

**All programs not under the umbrella of MCC have to be approved by the Muslim Association of Calgary or MCC leadership**

**All programs under the MCC umbrella but involving financial approval, must be approved by the chair IANWC if cost neutral or by the Board of IANWC if contribution from IANWC or MCC is expected.**

**Approved by:**

**Chair IANWC (for MCC umbrella programs that are cost neutral)**

**Signatures Name**

**Chair IANWC on behalf of the Board (where subsidy is required, the chair signs after Board’s approval)**

**Signatures Name**

**MCC/ Muslim Association of Calgary Representative (for Non-MCC umbrella programs)**

**Signatures Name**