



Request for NRRF Specialty Program and Course Funding

Initiative Name	
Program Start Date	
Anticipated Completion Date	
Employer and RHA	

Proposal

1.0 **Statement of Purpose (program overview and goals):**

2.0 **Significance/Rational (include background/identified need):**

3.0 **Detailed Program Activities (include number and designation of nurses):**



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4.0 Detailed Summary of Expenses:

Expenses	Budget	Actual
Salaries & Benefit		
Materials		
Rentals		
Food		
Guest Speakers		
Supplies		
Travel		
Other		
TOTAL EXPENSES		

5.0 Projected Summary of Outcomes/Benefit to Region:

6.0 Contact Information:

7.0 Submit to:

NRRF Facilitator, Nurses Recruitment and Retention Fund
 1502-155 Carlton Street, Winnipeg, MB R3C 3H8
 Tel: 1-877-681-4983 Email: nrrf@sharedhealthmb.ca