

## NURSES RECRUITMENT AND RETENTION FUND SPECIALTY PROGRAMS AND COURSES FUNDING

ANNUAL FINANCIAL STATEMENT AND PROJECTION FOR THE  
PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

RHA \_\_\_\_\_

	1	2	3	4	5 (3+4)	6	7 (5-6)
List of Initiatives	Year to Date Prior Quarter	Actual for the Current Quarter	Actual To Date	Projected Expenditures For the Remainder of the Project	Total Projected Expenditures	Current Project Budget	Projected Variance Over (Under) Budget
1					0		0
2					0		0
3					0		0
4					0		0
5					0		0
6					0		0
7					0		0
8					0		0
9					0		0
10					0		0
11					0		0
12					0		0

Signature CEO: \_\_\_\_\_ Committee Chair: \_\_\_\_\_

RHA Name: \_\_\_\_\_ or Co-Chairs: \_\_\_\_\_

**NRRF SPECIALTY PROGRAMS AND COURSES FUNDING  
DETAILED ANNUAL FINANCIAL REPORT**

**Initiative Name:** \_\_\_\_\_  
**Start Date of Program (Y/M/D)** \_\_\_\_\_  
**Facility Name and RHA:** \_\_\_\_\_

**Initiative Number:** \_\_\_\_\_  
**Completion Date (Y/M/D)** \_\_\_\_\_  
**Quarter Ending:** \_\_\_\_\_

**1.0 Program Overview:**

**2.0 Number and designation of Attendees (RN/RPN/LPN)**

**3.0 Detailed Program Activities**

**4.0 Summary of Expenses**

	<b>Budget</b>	<b>Actual</b>
<b>Expenses:</b>		
Salaries & Benefits		
Materials		
Rentals		
Food		
Speakers		
Supplies		
Travel		
Other		
<b>Total Expenses:</b>	<u>0</u>	<u>0</u>

**5.0 Summary of Outcomes/Benefits to Region ( Including Type & Level of Skills Developed)**