

# Budget and Justification Form

| Budgeted Grant                                      | Justification   | Amount Requested<br>(Not greater than \$10,000) |
|---|---|---|
| <b>Registration</b>                                 | Why did you choose this person to represent your agency? What learning do you hope to bring back to your agency/community as a result of attending this conference?   |   |
| <b>Name of Attendee</b>                             |   |   |
| <b>Name of Attendee</b>                             |   |   |
| <b>Name of Attendee</b>                             |   |   |
| <b>Name of Attendee</b>                             |   |   |
| <b>Hotel</b>  | How many days x daily cost<br>(List the hotel(s) where the reservation is made)   |   |
|   |   | \$  |
| <b>Meals</b>  | Estimate \$69/day per person  |   |
|   |   | \$  |
| <b>Mileage/Transportation/CabFare/ Shuttle Fees</b> | For example: You may need to ride a bus, taxi, Uber, or shuttle to get from your home to the airport , from the airport to your hotel, and from your hotel then to the conference location.<br><br>Please include all those costs in this projection. |   |
|   |   | \$  |
| <b>Other</b>  |   |   |
|   |   | \$  |
| <b>TOTAL REQUESTED</b>                              |   | \$  |

Signature of Person Authorized to Sign for Organization | Date Signed

|   |  |
|---|--|
| <p><b>Submit the completed application via email to:</b><br/>Rebecca Buller<br/>Coordinator of Prevention and Education<br/>Wayside Recovery Center<br/>952-737-5114<br/><a href="mailto:Rebecca.Buller@waysiderc.org">Rebecca.Buller@waysiderc.org</a></p> | <p><b>Or submit the completed application in person to:</b><br/>Attn: Education Grant Application<br/>Wayside Recovery Center<br/>3705 Park Center Blvd<br/>St. Louis Park MN 55416<br/>952-926-7626</p> |
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If you have any questions, please contact Rebecca Buller above.