

SIoux LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183
INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

FORECAST OF CASH FLOW

NAME OF SPONSOR:			PROJECT NAME:			FILE NUMBER:	
REPORTING PERIOD (MONTHS)	⇒						TOTAL
		\$	\$	\$	\$	\$	\$
WAGE COSTS							
M.E.R.C.							
OVERHEAD COSTS							
TRAINING COSTS							
SPECIAL COSTS							
TRAINING ALLOWENCE							
EMPLOYMENT SUPPORTS							
EQUIPMENT LEASING							
EQUIPMENT PURCHASE							
ADDITIONAL COST FOR DISABLED							
TOTAL							

COMMENTS: _____

Current Year	\$
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We certify that the above is an accurate statement of our anticipated cash flow requirement.

Prepare by (print):	Signature:	Date:
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IF PROJECT EXTENDS AFTER 6 MONTHS PLEASE USE ANOTHER FORECAST OF CASHFLOW