



*Department of Intergovernmental Affairs*

**PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)**

**FINANCIAL REPORT**

**Fiscal year April 1st, \_\_\_\_\_ to March 31, \_\_\_\_\_**

*Project Number (for IGA use only)*

**NOTE**

Departments, institutions, or organizations that have received funding under the Program on the Provision of Official-Language Services (POLS) must complete and return this form to Intergovernmental Affairs within the time frame specified in the grant approval letter. This form, duly completed, is required for our files.

## PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

I. NAME OF ORGANIZATION OR DEPARTMENT:		
LINGUISTIC STATUS OF THE ORGANIZATION: <input type="checkbox"/> FRANCOPHONE <input type="checkbox"/> ANGLOPHONE <input type="checkbox"/> BILINGUAL (FRENCH & ENGLISH)		
NAME OF PERSON IN CHARGE OF PROJECT IMPLEMENTATION:		
PERSONS DESIGNATED TO REPRESENT THE ORGANIZATION:		
GREETINGS MR. <input type="checkbox"/> Ms. <input type="checkbox"/> OTHER <input type="checkbox"/>		
FIRST NAME:	LAST NAME:	FUNCTION IN THE ORGANIZATION:
PERMANENT ADDRESS (NUMBER, STREET):		
CITY:	POSTAL CODE:	
TELEPHONE:	FAX:	
E-MAIL:	WEB SITE AND SOCIAL MEDIA:	

**PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)**

II. PROJECT TITLE:		
START DATE YYYY-MM-DD:	END DATE YYYY-MM-DD:	
<b>PROJECT SCOPE</b>	LOCAL <input type="checkbox"/>	REGIONAL <input type="checkbox"/>
	PROVINCIAL <input type="checkbox"/>	
BENEFICIARY REGIONAL SERVICE COMMISSION(S) (REF. <a href="#">Maps</a> ):  <input type="checkbox"/> RSC 1 <input type="checkbox"/> RSC 2 <input type="checkbox"/> RSC 3  <input type="checkbox"/> RSC 4 <input type="checkbox"/> RSC 5 <input type="checkbox"/> RSC 5  <input type="checkbox"/> RSC 7 <input type="checkbox"/> RSC 8 <input type="checkbox"/> RSC 9  <input type="checkbox"/> RSC 10 <input type="checkbox"/> RSC 11 <input type="checkbox"/> RSC 12	BENEFICIARY MUNICIPALITY(IES) (SPECIFY) :	BENEFICIARY AREAS :  <input type="checkbox"/> RURAL  <input type="checkbox"/> URBAN  <input type="checkbox"/> BOTH

**PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)**

III. REPORTING – FINAL FINANCIAL STATEMENT

EXPENDITURES

- 1. SALARIES AND BENEFITS \_\_\_\_\_
- 2. TRAVEL EXPENSES \_\_\_\_\_
- 3. FEES \_\_\_\_\_
- 4. OFFICE EXPENSES \_\_\_\_\_
- 5. ADVERTISING AND PROMOTION \_\_\_\_\_
- 6. OTHER (SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL EXPENDITURES \_\_\_\_\_

REVENUE

- 1. POLS GRANT \_\_\_\_\_
- 2. PROVINCIAL GOVERNMENT \_\_\_\_\_  
 - DEPT. \_\_\_\_\_  
 - PROGRAM \_\_\_\_\_
- 3. FEDERAL GOVERNMENT \_\_\_\_\_  
 - DEPT. \_\_\_\_\_  
 - PROGRAM \_\_\_\_\_
- 4. MUNICIPAL GOVERNMENT \_\_\_\_\_
- 5. FUNDING FROM APPLICANT \_\_\_\_\_
- 6. FUNDING FROM PARTNER ORGANIZATIONS \_\_\_\_\_
- 7. OTHER (SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_

TOTAL REVENUE \_\_\_\_\_

NET EXPENDITURES (EXPENDITURES - REVENUE) \_\_\_\_\_

	NAME	SIGNATURE	DATE
PROJECT MANAGER	_____	_____	_____
FINANCIAL MANAGER	_____	_____	_____

## **PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)**

Please send us your financial report to [PSLO-POLS@gnb.ca](mailto:PSLO-POLS@gnb.ca) , or by post to:

New Brunswick Department of Intergovernmental Affairs  
Secretariat of Official Languages  
Chancery Place  
P.O. Box 6000  
Fredericton, New Brunswick  
E3B 5H1