**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, 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

|  |  |  |
| --- | --- | --- |
| Employer: | Project Name: | File # |
|  |
| REPORTING PERIOD- Input the months |  |  |  |  |  |  | TOTAL |
| WAGE COSTS | $ | $ | $ | $ | $ | $ | $ |
| M.E.R.C. – Benefits, EI, CPP | $ | $ | $ | $ | $ | $ | $ |
| OVERHEAD COSTS – Office/Admin Expenses | $ | $ | $ | $ | $ | $ | $ |
| TRAINING COSTS – Books, tuitions | $ | $ | $ | $ | $ | $ | $ |
| TRAINING ALLOWENCE | $ | $ | $ | $ | $ | $ | $ |
| SPECIAL COSTS – Employment Supports, Equipment Leasing/Purchases | $ | $ | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TOTALS | $ | $ | $ | $ | $ | $ | $ |

\*Please use another forecast of cashflow form if the project is more than 6 months

|  |  |
| --- | --- |
| Comments: |  |

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| --- |
| I certify that the above is an accurate statement of our anticipated cash flow requirement. |
| Print Name: | Signature: | Date: |