

Stafford Recreation Commission Expenditure Justification

Programs in the Town of Stafford that [use town facilities \(field, gymnasiums, etc.\) and/or](#) receive funds from the Stafford Recreation Commission will follow these guidelines for spending and reporting on the use of these funds [and/or the use of the facilities](#).

All monies given to support Stafford Recreational programs are to be used to help defray the cost of direct operational expenses. Operational expenses include equipment necessary for activity participation (baseball helmets, footballs, basketballs, goals), any apparatus for safety purposes (helmets, pads), fees for officials, referees or umpires, and expenses directly associated with securing the venue for the activity (gym time, lighting costs).

Expenses **NOT** covered are uniforms, training expenses, league entry fees and discretionary tournaments or activities.

I _____, am the President of or have the

(Print first and last name)

responsibility of running the program for _____.

(Stafford Program)

This program receives \$ _____ from the Stafford Recreation Commission budget.

This past year (_____) the program has used the funds provided by the Stafford Recreation Commission for: (please include dollar amount and item description)

This past year (_____) the program has used the following town facilities to operate their programs: (please include each facility location)

ALONG WITH THIS INFORMATION YOU ARE REQUIRED TO SEND IN:

- *Your last bank statement*
- *A copy of the latest tax return for your organization*
- *An end of the year balance statement and any outstanding expenses.*
- *A copy of the organization bylaws*
- *Segregation of Duties Structure (Expense Approval authority vs Check Signing authority)*
- *Certificate of Insurance (CoI)*

The [above](#) information **must be** submitted to the Recreation Department at Stafford Town Hall prior to stipend funds being released [and prior to permission to use the facilities being granted](#).

Please submit this form [no later than 60 days prior to your season of the fiscal year](#) and all documents to: Stafford Town Hall, 1 Main St. Stafford Springs, CT 06076, Attn. Recreation Department or email at staffordtownhall@staffordct.org

SIGN _____ DATE _____

TITLE _____

My contact information is: cell # _____ email _____ @ _____
Organization Mailing Address _____ @ _____