**PROGRAM / PROJECT BUDGET SHEET**

**GRANT APPLICATION TO ROCHESTER’S CHILD**

Provide the requested information for the program or project for which you are seeking this grant.

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| **SUPPORT/REVENUE** | **Anticipated** |
| 1. Rochester’s Child grant |  |
| 2. Carryover from previous Community Foundation grant |  |
| 3. Fundraising or special event revenue |  |
| 4. Gifts/bequests |  |
| 5. Miscellaneous contributions |  |
| 6. Foundation/corporate grant support |  |
| 7. United Way |  |
| 8. Grants/contracts: govt. agencies |  |
| 9. Program service fees |  |
| 10. Membership dues |  |
| 11. Investment income/transactions |  |
| 12. Sales: services, products, crafts |  |
| 13. Miscellaneous revenue |  |
| **14. Subtotal Direct Support/Revenue** |  |
| 15. General & Management Income (prorated) |  |
| **16. Total Support/Revenue** |  |

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| **EXPENSES** | **Total Expenses for Program / Project** | **Expenses to be Covered by Requested Grant**  |
| 17. Salaries of provider staff |  |  |
| 18. Fringe benefits |  |  |
| 19. Professional fees (contract, consultant) |  |  |
| 20. Supplies (consumable) |  |  |
| 21. Printing and postage |  |  |
| 22. Occupancy |  |  |
| 23. Phone and fax |  |  |
| 24. Travel and meetings |  |  |
| 25. Training |  |  |
| 26. Evaluation |  |  |
| 27. Equipment purchases |  |  |
| 28. Miscellaneous expenses |  |  |
| **29. Subtotal: Direct Expenses** |  |  |
| 30. General & Management Expenses (prorated) |  |  |
| **31. Total Expenses** |  |  |

If any of your budget items warrant explanation, please provide on a separate page.