**Program Budget Sheet**

Provide the following information regarding the program for which you are seeking this grant.

#### SUPPORT/REVENUE

|  |  |
| --- | --- |
|  | **Total Anticipated Support/Revenue** |
| 1. Requested grant |  |
| 2. Fundraising events |  |
| 3. Gifts/bequests |  |
| 4. Miscellaneous contributions |  |
| 5. Foundation/corporate grant support |  |
| 6. United Way |  |
| 7. Grants/contracts: govt. agencies |  |
| 8. Program service fees |  |
| 9. Membership dues |  |
| 10. Investment income/transactions |  |
| 11. Sales: services, products, crafts |  |
| 12. Miscellaneous revenue |  |
| 13. Investment |  |
| 14. Total Support/Revenue |  |

#### EXPENSES

|  |  |  |
| --- | --- | --- |
|  | **Total Expenses** | **Expenses Covered By This Grant Request** |
| 15. Salaries of provider staff |  |  |
| 16. Fringe benefits |  |  |
| 17. Professional fees (contract, consultant) |  |  |
| 18. Stipends |  |  |
| 19. Supplies (consumable) |  |  |
| 20. Printing and postage |  |  |
| 21. Occupancy |  |  |
| 22. Phone, fax and information technology |  |  |
| 23. Travel and meetings |  |  |
| 24. Training |  |  |
| 25. Evaluation |  |  |
| 26. Equipment purchases |  |  |
| 27. Miscellaneous expenses |  |  |
| **28. Subtotal Direct Expenses** |  |  |
| 29. Proration: General & Management Expenses |  |  |
| 30 Total Expenses |  |  |

|  |  |
| --- | --- |
| **31. Surplus (Deficit)** |  |

 If you feel elements of your budget need explaining, please do so in no more than ½ page (i.e., number of staff, type of consultant, number of training sessions, etc.)