**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.)