**PROGRAM BUDGET**

### 

|  |  |  |  |
| --- | --- | --- | --- |
| Program Dates From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **This Funder Amount Requested** | **Other Funders’ Amounts**  *(Please list other funders in the previous ‘Budget’ section)* | **Total Amount\***  *(Should equal preceding columns)* |
| **REVENUE** |  |  |  |
| This Funder |  |  |  |
| Gov’t Grants/Contracts |  |  |  |
| Foundations |  |  |  |
| Earned Income/Membership Income |  |  |  |
| Unearned Income |  |  |  |
| Corporations |  |  |  |
| United Ways or Federations |  |  |  |
| Fundraising Events/Ticket Sales |  |  |  |
| In-Kind Support |  |  |  |
| Individual Contributions |  |  |  |
| Permanently Restricted Asset Income |  |  |  |
| Other (Specify) |  |  |  |
| **TOTAL REVENUE** |  |  |  |
|  |  |  |  |
| **EXPENSES** |  |  |  |
| ***Personnel*** |  |  |  |
| Salaries |  |  |  |
| Payroll Taxes |  |  |  |
| Health Benefits |  |  |  |
| Pension |  |  |  |
| Contract Workers |  |  |  |
| Other (Specify) |  |  |  |
| ***Subtotal Personnel*** |  |  |  |
|  |  |  |  |
| ***Operations*** |  |  |  |
| Rent/Mortgage |  |  |  |
| Utilities |  |  |  |
| Telephone/Fax |  |  |  |
| Insurance |  |  |  |
| Office Supplies |  |  |  |
| Program Supplies |  |  |  |
| Maintenance Supplies |  |  |  |
| Postage & Delivery |  |  |  |
| Professional Service Fees |  |  |  |
| Training & Development |  |  |  |
| Consultant Fees |  |  |  |
| Evaluation |  |  |  |
| Travel |  |  |  |
| Printing & Copying |  |  |  |
| Repairs & Maintenance |  |  |  |
| Equipment |  |  |  |
| Indirect Costs |  |  |  |
| Depreciation |  |  |  |
| Other (Specify) |  |  |  |
| ***Subtotal Operations*** |  |  |  |
| **TOTAL EXPENSES** |  |  |  |