

**COMMUNITY FOUNDATION FOR NORTHEAST MICHIGAN (CFNEM)  
GRANT BUDGET FORMAT  
*SAMPLE BUDGET***

Time period of this budget. From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate only the **EXPENSES** that apply to your project.

<b>PROJECT EXPENSES</b>	<b>TOTAL REQUESTED FROM CFNEM IN THIS APPLICATION (\$3,000 maximum)</b>	<b>TOTAL EXPENSES FOR THIS PROJECT</b>	
Salaries		8,300	
Payroll Taxes			
Fringe Benefits			
Consultants and Professional Fees			
Insurance			
Travel presenters	465	800	
Equipment			
Supplies		160	
Printing and Copying	335	335	
Telephone and Fax		20	
Postage and Delivery	280	305	
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (Specify)	920	920	<b>TOTAL EXPENSES</b>
<b>TOTALS</b>	<b>\$2,000</b>	<b>\$10,840</b>	<b>\$10,840</b>

Indicate the **REVENUE** that applies to your project. (Use additional pages if necessary.)

<b>REVENUE</b>	<b>Committed</b> (Project revenue that has been promised.)	<b>Pending</b> (Project revenue that has not been confirmed.)	
<b>Grants/Contracts/Contributions</b>			
Local Government			
State Government	2,300		
Federal Government			
Foundations		2,000	CFNEM
Corporations		1,025	
Individuals		1,355	
Other (specify) service clubs		1,310	
<b>Earned Income</b>			
Events/Publications and Products		2,550	
<b>Membership Income</b>			
<b>In-Kind Support</b>			<b>TOTAL REVENUE</b>
<b>Other (specify)</b>		300	Committed + Pending
<b>TOTALS</b>	<b>\$2,300</b>	<b>\$8,540</b>	<b>\$10,840</b>

**The TOTAL PROJECT EXPENSES should EQUAL the TOTAL COMBINED REVENUE**