GRANT BUDGET

Time period of this budget – From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expenses	Total Requested in this Application	Total Expenses for this Project	
Salaries			-
Payroll Taxes			
Fringe benefits			1
Consultant & Prof. Fees			1
Insurance			
Travel			
Equipment			
Supplies			
Printing & Copying			
Telephone & Fax			
Postage & Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			Total Expenses
Totals	\$	\$	\$

Indicate the REVENUES that apply to your project.

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed.	
Grants/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
Earned Income			
Events/Publications & Products			
Membership Income			
In-kind Support			Total Revenue
Other (specify)			Committed + Pending
Totals	\$	\$	\$

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL REVENUE.