

▶ Grant Application Process

Current Budget Information



Please type or neatly print all responses.

Does your organization and program operate on a calendar year? Yes No

If not, please indicate the fiscal year start date _____ and end date _____

REVENUE	AGENCY	PROGRAM
Grants:		
Government	\$	\$
Foundation	\$	\$
Corporation	\$	\$
Individual	\$	\$
Membership dues	\$	\$
Service or program fees	\$	\$
Sale of materials	\$	\$
Fundraising activities	\$	\$
Investment income	\$	\$
United Way allocations	\$	\$
In-kind donations	\$	\$
Other:	\$	\$
EXPENSES	AGENCY	PROGRAM
Salaries and contract staff	\$	\$
Payroll taxes	\$	\$
Benefits	\$	\$
Professional fees	\$	\$
Memberships	\$	\$
Insurance	\$	\$
Travel	\$	\$
Equipment	\$	\$
Postage	\$	\$
Printing and copying	\$	\$
Telephone and fax	\$	\$
Rent	\$	\$
Utilities	\$	\$
Maintenance	\$	\$
Marketing	\$	\$
Special events and fundraising	\$	\$
Capital improvements	\$	\$
Scholarships	\$	\$
Other:	\$	\$
TOTAL	\$	\$
YEAR-END SURPLUS OR DEFICIT:	\$	\$