**Berrien Community Foundation: *Grant Project Budget Form***

Agency: Amount Requested: $

*Below is a listing of standard budget items. Please provide the program/project budget on this form and attach to each copy of the grant application submitted.*

A. **Organizations fiscal year**:

B. **Time period this budget covers**:       to

C. **Expenses**: include the total amount for each of the following budget categories:

|  |  |  |
| --- | --- | --- |
|  | **Amount Requested** | **Total Program Expense** |
| Salaries\* |  |  |
| Payroll Taxes\* |  |  |
| Fringe Benefits\* |  |  |
| Consultants & Professional Fees |  |  |
| Stipends |  |  |
| Insurance |  |  |
| Travel WWII watercraft from Ohio |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Printing & Copying |  |  |
| Telephone & Fax |  |  |
| Rent |  |  |
| Utilities |  |  |
| Maintenance |  |  |
| Evaluation |  |  |
| Marketing |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |
| **Totals** |  |  |

D.  **Revenue**: include the total amount for each of the following budget categories, in this order; please indicate which sources are committed and which are pending.

**Received: Pending:**

|  |  |  |
| --- | --- | --- |
| **Grants/Contracts/Contributions** | **Amount Received** | **Amount Pending** |
| Local Government |  |  |
| State Government (includes schools) |  |  |
| Federal Government |  |  |
| Foundations (itemize in Budget Narrative) |  |  |
| Corporations |  |  |
| Church Groups |  |  |
| Individual Donations |  |  |
| Earned Income from Events |  |  |
| In-kind Support |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |
| **Total Revenue** |  |  |

**This Program/Project Budget was approved by the Agency Board on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**THIS MUST BE SIGNED**

**Signature, Board Chair or Treasurer or President/CEO/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**