**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**