

Howard Facilities Program Endowment Budget

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 | | |
| Equipment | | |
| Supplies | | |
| Printing & Copying | | |
| Telephone & Fax | | |
| Rent | | |
| Utilities | | |
| Maintenance | | |
| Evaluation | | |
| Marketing | | |
| Other (specify) | | |
| Other (specify) | | |
| Totals | | |

D. **Revenue:** include the total amount expected for the program 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 | | |
| Federal Government | | |
| Foundations | | |
| Corporations | | |
| Church Groups | | |
| Individual Donations | | |
| Earned Income from Events | | |
| In-kind Support | | |
| Other (specify) | | |
| Other (specify) | | |