



Bridging partners. Building our future.

PROJECT BUDGET FORM*

<Insert Name of Applicant Group>

**please attach additional information/comments on a separate sheet*

	Total Proposed Budget	Grant	Other Funding
REVENUE			
Grant Amount Requested			
Other Funding (Please Indicate Sources)			
Other Revenue (Please Indicate Type)			
Total Revenue			
EXPENSES			
Salaries			
Benefits			
Other			
Sub-total			
Equipment			
Insurance			
Other			
Other			
Sub-total			
Supplies			
Printing			
Telephone			
Postage			
Advertising			
Travel			
Staff Development			
Professional Fees			
Other			
Other			
Other			
Sub-total			
Total Expenses			