

# STANDARD ORGANIZATION BUDGET

ALL GENERAL OPERATING SUPPORT APPLICANTS MUST COMPLETE THIS FORM.

NO OTHER BUDGET FORMS WILL BE ACCEPTED.

Enter your organization's name here: \_\_\_\_\_

Provide your current fiscal year end date here (Month Date Year): \_\_\_\_\_

For your current fiscal year, please list projected income and budgeted expenses for your overall organization.

## ORGANIZATIONAL INCOME

Source	Amount	Explanatory Notes - Please indicate whether items are pending, committed and/or restricted.
Government grants		
Foundations		
Corporations		
Individual donors		
Membership income		
Investment income		
Earned income		
Other (specify)		
<b>Total Income</b>	\$ -	

## ORGANIZATIONAL EXPENSES

Item	Amount	Explanatory Notes (Optional)
Salaries and wages		
<i>Number of paid staff (full-time)</i>		
<i>Number of paid staff (part-time)</i>		
Insurance, benefits, and payroll taxes		
Fees for services (non-employees)		
Advertising and promotion		
Office expenses		
Information technology		
Occupancy, including rent & utilities		
Travel		
Conferences, conventions & meetings		
Interest		
Depreciation, depletion & amortization		
Insurance		
Other (specify)		
<b>Total Expenses</b>	\$ -	
<b>Budgeted surplus (income minus expenses)</b>	\$ -	