

STANDARD ORGANIZATION BUDGET – ALL APPLICANTS MUST COMPLETE THIS FORM. NO OTHER BUDGET FORMS WILL BE ACCEPTED.

Organization's Name: _____

Organization’s Current Fiscal Year End Date: _____

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)		
Total Income	\$ -	

ORGANIZATIONAL EXPENSES

Item	Amount	Explanatory Notes (Optional)
Salaries and wages		
Number of paid staff (full-time)		
Number of paid staff (part-time)		
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)		
Total Expenses	\$ -	
Budgeted surplus (income minus expenses)	\$ -	