

Project Title: _____

Project Number: _____

Document Owner: _____

Budget Form

Organization Name:		Submission Date:	
Organization's Budget for the Period	from: <i>(month & year)</i>	to: <i>(month & year)</i>	
INCOME		EXPENSES	
Source		Item	
Government Grants & Contracts <i>(specify)</i>		Salaries & Wages	
		Insurance Benefits,	
		Other Related Taxes	
		Consultants	
		Travel	
Foundations <i>(specify)</i>		Equipment	
		Supplies	
		Training	
		Printing & Copying	
Corporations		Telephone / Fax / Internet Service	
United Way /		Postage & Delivery	
Other Federated Campaigns		Occupancy	
Individual Contributions		Other <i>(specify)</i>	
Fundraising Events / Products			
Membership Income			
Investment Income			
Patient / Client Fees			
Other <i>(specify)</i>			
Total Income		Total Expenses	
		Balance (Income minus Expenses)	