

Budget Form

Organization: _____

Program: _____

Program Financial Information

Cost Categories		Program*	Agency**
		Fiscal Year _____ Date	Fiscal Year _____ Date
		From: _____ to : _____	From: _____ to : _____
SUPPORT AND REVENUE			
01)	Revenue Grants from Government Agencies		
02)	Major Sources of Revenues (Specify 3 largest sources)		
	a)		
	b)		
	c)		
	d) Other		
	02) TOTAL		
03)	Contributions		
04)	Restricted Contributions/Legacies & Bequests		
05)	Membership Dues		
06)	Program Service Fees		
07)	Transfers from Endowment/Other Funds		
08)	Miscellaneous Revenue/Investment Income		
09)	Sales to (Local Member Units)(Public)/Special Events		
10)	TOTAL SUPPORT AND REVENUE		
	EXPENSES		
11)	Employee Compensation/Related Expenses		
12)	Operating Expenses		
13)	Professional Fees		
14)	Travel and Conference/Staff Training		
15)	Membership Dues/Affiliated Organizations		
16)	Other (List items over \$1,000 in Budget Narrative)		
17)	TOTAL EXPENSES FOR ALL ACTIVITIES		
18)	Transfers to Endowments/Others Funds		
19)	GRAND TOTAL EXPENSES		

* Program - Provide a budget for the specific project for which the funds will be used.

** Agency - Provide the entire annual budget for the organization requesting funds.