

GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

A. **Organizational fiscal year:** _____

B. **Time period this budget covers:** _____

C. **Expenses: Include a description and the total amount for each of the following budget categories, in this order:**

	Amount Requested From Dickinson Area Community Foundation	Total Project Expenses
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	DACF Does Not Grant Funds for Travel Expenses	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total Amount Requested	\$ _____	Total Project Expenses

D. **Revenue: Include a description and the total amount for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.**

	<i>Committed</i>	<i>Pending</i>
1. Grants/Contracts/Contributions	\$ _____	\$ _____
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income	\$ _____	\$ _____
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
6. Total Revenue	\$ _____	\$ _____