

GRANT APPLICATION - PART 2

Check which budget(s) are included: _____ Organization Budget _____ Project Budget
 Budget for the period: _____ to: _____

Income

Source	Amount
Support	
Government grants & contracts	\$
Foundations	\$
Corporations	\$
United Way or other federated Campaigns	\$
Individual contributions	\$
Fundraising events & products	\$
Membership Income	\$
In-kind support	\$
Revenue	
Earned income	\$
Other (specify)	\$
Total Income	\$

Expense

Item	Amount
Salaries & wages (for project budgets, break down by individual position and indicate full- or part-time)	
	\$
Subtotal	\$
Insurance benefits & Other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing & copying	\$
Telephone & fax	\$
Postage & delivery	\$
Rent & utilities	\$
In-kind expenses	\$
Other (specify)	\$
Total Expense	\$