

ORGANIZATION NAME:

Organization Project Budget for the period: _____ to _____

EXPENSE ITEM	AMOUNT	Full time?	INCOME SOURCE	AMOUNT
Salaries & wages (by position)			Government grants & contracts (specify)	
1		<input type="radio"/>	Foundations (specify)	
2		<input type="radio"/>	Corporations	
3		<input type="radio"/>	Religious institutions	
4		<input type="radio"/>	United Way, Combined Federal Campaign & other federated campaigns	
Fringe benefits & payroll taxes			Individual contributions	
Consultants & professional fees			Fundraising events & products	
Travel			Membership income	
Equipment			In-kind support	
Supplies			Other (earned income, consulting fees, etc. Please specify)	
Training			1	
Printing & copying			2	
Telephone & fax			3	
Postage & delivery			4	
Rent & utilities				
In-kind expense				
Other (specify)				
1				
2				
3				
TOTAL EXPENSES	\$ -			TOTAL INCOME
BALANCE (Income - Expenses)	\$ -			