GRANT APPLICATION BUDGET FORM

Grant Year: _____

Project Name _____

FUNDS AND RESOURCE INCOME

Amount requested from the SRCCF _____

Amount expected from other sources (list sources here): _____

In-kind contributions (list items or time here, but also estimate a $ value in Amounts column):

_____

Total Amount of funds and resources for this project: _____

EXPENSES: If no funds are needed for a given budget category, insert $0.

BUDGET CATEGORIES	AMOUNT	HOW CALCULATED*	CONNECTION TO PROJECT**
Operational costs			
Materials and Supplies			
Food or Catering			
Travel or Transportation			

Facilities/Rooms and Costs			
Printing			
Participant Gifts or Compensation			
Equipment			
Other Project Expenses			
Total Amounts for Costs			

TOTAL INCOME LESS TOTAL COSTS $_____

If there is a shortage, please explain how and why you will complete the program/project:

*How the amount was determined or calculated (e.g., $400 in food - 40 box lunches from restaurant X at $10 per lunch; $1,000 in sheet music at $5 per piece x 25 copies x 8 pieces)

**The connection to the project for each expense (e.g., to increase attendance, participants will be provided with lunch; band will be performing 8 new pieces as part of performances for children, etc.