

# Program or Project Budget Worksheet

**Organization's Name:**

**Program Name:**

Revenue (pending & secured)	Total Support/Revenue	Mark with an X if funding is secured
Requested Grant from Brown County Crime Prevention Funding Board ( <i>Equals * below</i> )		
Individual contributions		
Government grants/contracts		
United Way		
Foundation/Corporate grants ( <i>please list</i> )		
1)		
2)		
3)		
4)		
Earned Income: Sales		
Earned Income: Program Fees		
Membership dues		
Fundraising/Special Events		
Investment income		
Miscellaneous ( <i>please list</i> )		
1)		
2)		
3)		
In-kind support		
<b>Total Support/Revenue</b>	<b>0</b>	

Expenses	Total Expenses	Expenses Covered by Requested Grant
Salaries & benefits of provider staff		
Professional fees (contract, consultant)		
Evaluation		
Supplies (consumable)		
Marketing, printing & postage		
Equipment purchases		
Occupancy (rent, utilities, etc.)		
Phone		
Travel		
Training		
Miscellaneous ( <i>please list</i> )		
1)		
2)		
In-kind expenses (n/a if expenses are net of in-kind support)		
<b>Total Expenses</b>	<b>0</b>	<b>0</b> *

<b>Surplus (deficit) [Revenue-Expenses]</b>	<b>0</b>
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