

ORGANIZATION BUDGET INFORMATION: Please provide your organization's most recent and complete **local** financial information. If you are an affiliate or division of a larger organization, provide only information related to your local operations. This information is required for consideration of your grant proposal.

Fiscal Year: _____ Month: _____ to Month: _____

	Total Budget	Received YTD	% Over/ Under	Notes
Income				
Government				
Earned Income/Fees				
Individual Contributions				
United Way				
Investments/Interest Earned				
Corporate/Foundations (list below)				
Special Events (Pledge Drive, Walk, Dinner, etc.)				
Memberships	\$ -			
Other (explain)	\$ -			
Total Income	\$ -	\$ -		

	Total Budget	Expended YTD	% Over/ Under	Notes
Expenses				
Employee Salaries				
Employee Benefits				
Overhead - Rent, utilities, etc.				
Telephone				
Internet				
Equipment				
Supplies, Postage, Ink, etc.				
Mileage				
Marketing/PR/Printing				
Training				
Special Events				
Program Materials				
Other (list below)				
Total Expense	\$ -	\$ -		