ORGANIZATIONAL BUDGET

This format is optional and can serve as a guide to budgeting. If you already have a prepared organization budget that contains this information, you may submit it in its original forms. If necessary, attach a narrative further explaining the budget.

Fiscal Year: Number of Employees:

REVENUE	
Source	Amount
Contributed Support	
Government Grants	\$
Foundations	\$
Corporations	\$
United Way or other Federal Support	\$
Individual Contributions	\$
Total Contributed Support	\$
Earned Support	
Government Contracts	\$
Earned Income	\$
Fundraising Products/Events	\$
Membership Income	\$
In-Kind Support	\$
Investment Income	\$
Other, specify:	\$
Total Earned Support	\$
TOTAL REVENUES	\$
ORGANIZATIONAL EXPENSES	
<u>Item</u>	Amount
Salaries, Wages and Benefits	\$
Insurance and/or Other Taxes	\$
Consultants and Professional Fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and Copying	\$
Telephone and Fax	\$
Postage and Delivery	\$
Rent and Utilities	\$
Depreciation	\$
Other, specify:	\$
TOTAL EXPENSES	\$
Surplus/Deficit	\$