

SAMPLE

ORGANIZATIONAL OPERATING BUDGET

DATE _____

FISCAL YEAR ENDS _____

For multi-year grant requests, please submit financial information for each fiscal year for which you are requesting funds.

SUPPORT & REVENUE	PRIOR YEAR	CURRENT YEAR BUDGET	CURRENT YEAR ACTUAL
Contributions (Individual & Corporate)			
Grants			
Government			
Fees and Contracts			
Investment Income			
Fundraising Events			
TOTAL REVENUE			
EXPENSES	PRIOR YEAR	CURRENT YEAR BUDGET	CURRENT YEAR ACTUAL
Wages & Related Costs			
Administration			
Programs			
Occupancy			
Other			
Fundraising Expenses			
TOTAL EXPENSES			
NET SURPLUS/(DEFICIT)			

The budget format presented is only a sample. The Community Foundation does not require an organization to use this format, you may submit your budget in another format if you wish.

SAMPLE

PROGRAM BUDGET

DATE _____

FISCAL YEAR ENDS _____

SUPPORT & REVENUE

12 MONTH BUDGET

Revenue source #1	
Revenue source #2	
Revenue source #3	
TOTAL REVENUE	

EXPENSES*

12 MONTH BUDGET

Wages & Related Costs	
Professional Fees	
Equipment	
Materials and Supplies	
Travel	
Food	
Administration	
Other	
TOTAL EXPENSES	
NET SURPLUS/(DEFICIT)	

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SAMPLE BALANCE SHEET

STATEMENT OF FINANCIAL POSITION

AS OF (DATE) _____

ASSETS

Cash and cash equivalents	
Investments	
Accounts receivable	
Grants receivable	
Contributions	
Prepaid expenses	
Equipment, net	
TOTAL ASSETS	

LIABILITIES

Accounts payable	
Accrued expenses	
Payroll withholding	
TOTAL LIABILITIES	

NET ASSETS

Accounts payable	
Accrued expenses	
TOTAL NET ASSETS	
TOTAL LIABILITIES AND NET ASSETS	

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