

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)	

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 a another format if you wish.

