

SAMPLE

PROGRAM BUDGET

DATE _____

FISCAL YEAR ENDS _____

SUPPORT & REVENUE	Revenue Status (Confirmed or Requested)	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.

