## Sample Foundation Budget Form

| Organization:  |                 | Budget Prepared By: |                           |  |  |
|--|-----------------|---------------------|---------------------------|--|--|
|  |                 | Phone Number:       |                           |  |  |
| Project Name:  |                 |                     |                           |  |  |
| Amount Requested:  |                 | Duration:           |                           |  |  |
| If this is a multi-year request, please copy this form and complete it for each project year |                 |                     |                           |  |  |
| Project budget is  % of organization budget?   |                 |                     |                           |  |  |
| Expenditures   | Proposed Budget |                     | Requested with this Grant |  |  |
| Salaries   |                 |                     |                           |  |  |
| If part-time, provide  |                 |                     |                           |  |  |
| percentage in parentheses  |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| ( %)   |                 |                     |                           |  |  |
| Subtotal-Salaries:   |                 |                     |                           |  |  |
| Fringe Benefits @ %  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
| <b>Professional Fees:</b>  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
| Subtotal-Fees:   |                 |                     |                           |  |  |
| TOTAL PERSONNEL:   |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
| NON-PERSONNEL:   |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |
| <b>Total-Non Personnel</b>   |                 |                     |                           |  |  |
| Costs:   |                 |                     |                           |  |  |
| TOTAL COSTS:   |                 |                     |                           |  |  |
|  |                 |                     |                           |  |  |

| INCOME  |  | For each income source, indicate in this column whether received/awarded |  |
|---|--|--|--|
|   |  | or pending   |  |
| Earned Income:  |  | Received?  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <b>Total Earned Income</b>  |  |  |  |
|   |  |  |  |
| <b>Contributed Income</b>   |  | Awarded or Pending?  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Total Contributed   |  |  |  |
| Income:   |  |  |  |
| Total Earned and  |  |  |  |
| <b>Contributed Income:</b>  |  |  |  |
| *Please attach any explanatory footnotes that may help reviewers to better understand |  |  |  |
| your request.   |  |  |  |
| Date Prepared:  |  |  |  |