

PROJECT BUDGET

Please check this box if you would prefer to submit a project budget that contains this information in a different format. Send project budget to grantsinfo@dsacommunityfoundation.com.

SUPPORT INCOME

Source	Secured/Permitted	FA*	Amount
Government grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corporations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
United Way/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Individual Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fundraising Events/Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Membership Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
In-kind Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Investment Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

REVENUE INCOME

Government Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Total Project Income

EXPENSES

Item	% FTE	Amount
Salaries & Wages (breakdown by individual position, indicate full- or part-time.)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Subtotal		<input type="text"/>
Insurance/benefits/other taxes		<input type="text"/>
Consultants & Professional Fees		<input type="text"/>
Travel		<input type="text"/>
Equipment		<input type="text"/>
Supplies		<input type="text"/>
Printing & Copying		<input type="text"/>
Telephone & Fax		<input type="text"/>
Postage & Delivery		<input type="text"/>
Rent & Utilities		<input type="text"/>
In-kind Expenses		<input type="text"/>
Depreciation		<input type="text"/>
Other (please specify)		<input type="text"/>
Total Project Expenses		<input type="text"/>
Difference (Income less Expense)		<input type="text"/>