



Episcopal Charities  
A Commitment to Caring

**Program Budget**

Program Name:

Sponsoring Parish:

Instructions for this form:

- Include all **cash** income and expenses in this budget form. Do not include in-kind contributions or any costs covered by the sponsoring parish, unless the program has or will reimburse the parish.
- Items marked with an asterisk (\*) should be described on the next page if the amount is \$500 or more
- **After-School and "Other" Programs: Column A** should include your *actual* spending for the current (2024-2025) academic year, including projections through the end of the year. **Column B** should be your projected budget for *next year* (2023-2024)
- In **Column A, Row 4** should include your program's YOG Award from the previous year. In **Column B, Row 4** should include the requested grant amount.
- If your program received COVID-19 Emergency Funding from Episcopal Charities, please include that in **Row 7, "Grants: Other"**

ROW		Column A: 2023-2024 Actual	Column B: 2024-2025 Budget
1	<b>Begins on Date (mm/dd/yy):</b>		
2	<b>Ends on Date (mm/dd/yy)</b>		
3	<b>PROGRAM INCOME</b>		
4	- Episcopal Charities Youth Opportunity Grant		
5	- Sponsoring Parish Contribution (cash outlay only)		
6	- Grants: Government*		
7	- Grants: Other (including EC COVID-19 Funding if applicable) *		
8	- Individual Contributions		
9	- Tuition/Fees*		
10	- Other Income*		
11	<b>Total Income:</b>		
12	<b>PROGRAM EXPENSES</b>		
13	- Staff Salary and Benefits*		
14	- Rent, Utilities, Insurance *		
15	- Tuition Assistance*		
16	- Program Supplies*		
17	- Technology Expenses (equipment, subscriptions, etc.)		
18	- Food		
19	- Travel & Transportation		
20	- Other Expenses*		
21	<b>Total Expenses</b>		
22	<b>Net Surplus or (Deficit)</b>		

## **Budget Explanation**

Be sure to answer all questions below, or mark n/a:

### Income (answer these questions for each line item below that is greater than \$500)

Grants: Government (please list grants awarded or expected):

Grants: Other (please list grants awarded or expected):

Tuition/Fees (please indicate amount collected per client and the frequency of collection):

Other Income (please describe):

Please use this space to provide any additional information about income that you believe will be helpful:

### Expenses (answer these questions for each line item below that is greater than \$500)

Staff Salary and Benefits (please list positions):

Rent, Utilities, and Insurance (please provide a breakdown of these expenses):

Tuition Assistance (please indicate the number of clients receiving full tuition assistance and number receiving partial tuition assistance):

Program Supplies (please describe):

Other Expenses (please describe):

Please use this space to provide any additional information about expenses that you believe will be helpful:

### Other Information

If a deficit is projected for the current or coming fiscal year, please explain how you intend to balance the budget:

You are welcome to provide any additional financial information that you believe will be helpful: