

**2024 Basic Human Needs 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.
* Please also **do not include any HPNAP or other “Food Credits”** or non-cash grants.
* Items marked with an asterisk (\*) should be described on the next page if the amount is $500 or more
* **Column A** should include your *actual* spending for the current program year, including projections through the end of the year. **Column B** should be your projected budget for *next year* (2024)
* In Column **A, Row 4** should include your program’s BHN Award from the previous year. In Column **B, Row 4** should include the requested grant amount.
*

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| --- | --- | --- | --- |
| Row |  | **Column A:** **2023 Actual** | **Column B:****2024 Budget** |
| 1 | **Begins on Date (mm/dd/yy):** |       |       |
| 2 | **Ends on Date (mm/dd/yy)** |       |       |
| 3 | **PROGRAM INCOME** |       |       |
| 4 | * Episcopal Charities Basic Human Needs
 |       |       |
| 5 | * Sponsoring Parish Contribution (cash outlay only)
 |       |       |
| 6 | * Grants: Government\*
 |       |       |
| 7 | * Grants: Other\*
 |       |       |
| 8 | * Individual Contributions
 |       |       |
| 9 | * Other Income\*
 |       |       |
| 10 | ***Total Income:*** |       |       |
| 11 | **PROGRAM EXPENSES** |       |       |
| 12 | * Staff Salary and Benefits\*
 |       |       |
| 13 | * Food \*
 |       |       |
| 14 | * Transportation\*
 |       |       |
| 15 | * Program Supplies\*
 |       |       |
| 16 | * Rent, Utilities, and Insurance\*
 |       |       |
| 17 | * Technology
 |       |       |
| 18 | * Other Expenses\*
 |       |       |
| 19 | ***Total Expenses*** |       |       |
| 20 | ***Net Surplus or (Deficit)*** |       |       |

**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):

 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):

Food (please provide current vendors and monthly spending):

Transportation:

Program Supplies (please describe):

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

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: