

**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 | **Begins on Date (mm/dd/yy):** |       |       |
| 2 | **Ends on Date (mm/dd/yy)** |       |       |
| 3 | **PROGRAM INCOME** |       |       |
| 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 | ***Total Income:*** |       |       |
| 12 | **PROGRAM EXPENSES** |       |       |
| 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 | ***Total Expenses*** |       |       |
| 22 | ***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):

 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: