



2023 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* (2022-2023)
- 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: 2022 Actual	Column B: 2023 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: