

Program Budget Form

Name of Program:

Instructions for this form:

- If "Next Fiscal Year" begins 1/1/21 or later, it is not necessary to complete Column D.
- If applying for a summer program, Column A is Summer 2018, Columns B & C Summer 2019. Leave Column D blank.
- Include all cash income and expenses in this budget. Do not include in-kind contributions.
- Include the requested Episcopal Charities grant amount in the budget.
- Items marked with an asterisk (*) should be described on the next page if amount is \$500 or more.

| | | Column A | Column B | Column C | Column D |
|-----|---------------------------------------|-----------------------------|--------------------------------|--|-----------------------------|
| Row | | Actual for Past Fiscal Year | Budget for Current Fiscal Year | Actual for Current Fiscal Year to date | Budget for Next Fiscal Year |
| 1 | Begins on Date (mm/dd/yy): | | | | |
| 2 | Ends on Date(mm/dd/yy): | | | | |
| 3 | PROGRAM INCOME | | | | |
| 4 | Endowment Income | | | | |
| 5 | Government Grants* | | | | |
| 6 | Episcopal Charities Grant | | | | |
| 7 | Other Grants* | | | | |
| 8 | Individuals | | | | |
| 9 | Sponsoring Parish Contribution | | | | |
| 10 | Parishioner donations and fundraising | | | | |
| 11 | Tuition/Fees ** | | | | |
| 12 | Other** | | | | |
| 13 | Total Income: | | | | |
| 14 | PROGRAM EXPENSES | | | | |
| 15 | Staff - Salary and Benefits** | | | | |
| 16 | Rent | | | | |
| 17 | Utilities | | | | |
| 18 | Marketing / Communications | | | | |
| 19 | Insurance | | | | |
| 20 | Maintenance | | | | |
| 21 | Tuition Assistance | | | | |
| 22 | Supplies | | | | |
| 23 | Food | | | | |
| 24 | Travel/Transportation | | | | |
| 25 | Other Expenses* | | | | |
| | | | | | |
| 26 | Total Expenses | | | | |
| 27 | Net Surplus or (Deficit) | | | | |

Budget Explanation

For the items listed below, describe if line item is \$500 or more.

Income

Government Funds (please list grants awarded or expected):

Grants - please list significant grants related to submitted budget (other than Episcopal Charities and Government Funds):

Government Food Program Credits

Tuition and fees (please indicate amount collected per client, frequency of collection:

Other Income (please describe):

Expenses (for the items below, describe if more than \$500):

Staff, including salary and benefits. Please list positions.

Supplies (please describe):

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

Other Expenses (please describe):

Budget Explanation, continued:

If any individual line item in budget columns B or D shows a decrease or increase of 25% or greater from the previous fiscal year actuals, please explain:

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

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

In Kind Gifts (optional):

Please describe any in-kind gifts received that have a substantial impact on your budget. Consider the value of volunteer labor, value of food donated, value of space donated, value of supplies donated, etc.