

**Program Budget Form**

Name of Program:

**Instructions for this form:**

- If "Next Fiscal Year" begins 1/1/20 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	<b>Begins on Date (mm/dd/yy):</b>				
2	<b>Ends on Date(mm/dd/yy):</b>				
3	<b>PROGRAM INCOME</b>				
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	<b>Total Income:</b>				
14	<b>PROGRAM EXPENSES</b>				
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	<b>Total Expenses</b>				
27	<b>Net Surplus or (Deficit)</b>				

**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.