

**CFFK Grant Application
Budget Worksheet**

INSTRUCTIONS: If there is no expense or revenue for a line item, please enter zero or N/A. If you need additional space you may use a separate sheet. Any In Kind revenue **MUST** be offset with an In Kind expense line. Total expenses must equal total revenues (including CFFK grant requested amount).

This is a **SAMPLE** budget form. Please duplicate each line item as they appear below .
You may add additional information if necessary under Other.

Organization: _____

Project Title: _____

Project Expenses	Sub-Totals	Total Project Expenses
Personnel Costs (List names & titles of people to be compensated)*		\$ _____
	\$ _____	Total Personnel
	\$ _____	
	\$ _____	
Facilities (Name/Amount; Which facility is being compensated)*		\$ _____
	\$ _____	Total Facilities
	\$ _____	
Equipment (List)*		\$ _____
	\$ _____	Total Equipment
	\$ _____	
	\$ _____	
Supplies & materials (Describe)*		\$ _____
	\$ _____	Total Supplies & Materials
	\$ _____	
	\$ _____	
In-Kind Services (Must show balancing entry in Revenues)		\$ _____
	\$ _____	Total In-Kind Services
	\$ _____	
Printing, Copying and Postage		\$ _____
* Other Expenses: (Describe)		\$ _____
	\$ _____	Total Other
	\$ _____	
Total Expenses		\$
(Should match Total Revenues)		

Project Revenues	Sub-Totals	Total Committed Revenues
Sponsorships		\$ _____
	\$ _____	Total Sponsorships
	\$ _____	
Grants - (List from whom)*		\$ _____
	\$ _____	Total Grants
	\$ _____	
Donations		\$ _____
	\$ _____	Total Donations
	\$ _____	
Ticket Sales		\$ _____
In-Kind Services (Must show balancing entry in Expenses)		\$ _____
	\$ _____	Total In-Kind Services
	\$ _____	
Other Income (Describe)*		\$ _____
	\$ _____	Total Other
	\$ _____	
CFFK Grant Request		\$ _____
Total Revenue		\$
(Should match Total Expenses)		