

ORGANIZATION NAME: _____

GRANT PERIOD: _____

AMOUNT OF GRANT REQUEST: _____

Sources of Support

<u>Revenue Categories</u>	<u>Committed Funds</u>	<u>Pending Funds</u>
<u>Grants/Contracts/Contributions</u>		
Federal/State/Local Government		
Foundations		
Corporations		
Individuals		
Other (specify)		
<u>Earned Income</u>		
Fees		
Events		
Publications/Products		
Other (specify)		
Membership Income		
In-Kind Support		
Other (specify)		
TOTAL		

Costs

<u>Expense Categories</u>	<u>Amount Requested</u>	<u>Total Expenses</u>
Salary		
Fringe		
Staff Development/Training		
Equipment (related to Dev./Training)		
Supplies (related to Dev./Training)		
Supplies (related to equine/canine care)		
TOTAL		

BUDGET JUSTIFICATION

ORGANIZATION NAME: _____

BUDGET LINE ITEM	DESCRIPTION
Salary*	
	TOTAL:
Fringe**	
	TOTAL:
Staff Development/Training***	
	TOTAL:
Equipment (related to Development/Training)****	
	TOTAL:
Supplies (related to Development/Training)+	
	TOTAL:
Supplies (related to equine/canine care)++	
	TOTAL:
TOTAL BUDGET EXPENSES	

* Include each position for which you are requesting funding, position's annual salary, percentage of time and specific activities allowable under this grant..

** FICA, Unemployment Insurance, Health Insurance cost based on percentage of time for each included position.

*** Cost of classes for PATH/Eagala certification, training in military cultural competency, software licenses, etc.

**** Projector, pop-up displays, etc.

+ Binders, file folders, printer paper, toner, etc.

++ Hay, feed, grooming supplies, kennels, etc.