



## INCOME BUDGET for Project/Program - LICF

ORGANIZATION: \_\_\_\_\_

Total Project/Program Cost: \$ \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_

List all sources of anticipated INCOME for the project/program for which LICF funding is requested

Source	Amount
<b>CONTRIBUTIONS</b>	
Business _____	\$ _____
Individual _____	\$ _____
<b>EARNED INCOME</b>	
Fees for Service _____	\$ _____
Membership Income _____	\$ _____
Special Events _____	\$ _____
Product Sales _____	\$ _____
Interest Income _____	\$ _____
<b>OTHER INCOME</b>	
Balance Forward _____	\$ _____
Operating Reserve _____	\$ _____
In-Kind Support _____	\$ _____

**TOTAL: \$** \_\_\_\_\_

List all sources of anticipated GRANT INCOME for the program/project for which funds are requested. Indicate STATUS of grants by selecting either "Committed" "Pending" or "To Be Requested."

Source	Status	Amount
GOVERNMENT GRANTS	Committed / Pending / To be Requested	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL: \$</b>		\$ _____
<b>CORPORATE GRANTS</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL: \$</b>		\$ _____
<b>FOUNDATION GRANTS</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL: \$</b>		\$ _____
<b>OTHER (please specify)</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**GRAND TOTAL: \$** \_\_\_\_\_

