



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

List all sources of anticipated **INCOME** for the project/program for which LIUU 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	\$ _____
<b>TOTAL: \$</b> _____	

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>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>GRAND TOTAL: \$</b>		_____

**EXPENSE BUDGET for Project/Program - LIUU**



List all program/project expenses and indicate how LIUU funds would be allocated

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

Amount of Grant Request \$ \_\_\_\_\_ Total Program/Project Cost \$ \_\_\_\_\_

ITEM	Program/Project Total Cost	LIUU Allocation
<b>Personnel</b> (List all staff & title assigned to program/project)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>Benefits &amp; Payroll Taxes</u>	_____	_____
<u>Consultants</u>	_____	_____
<u>Professional Fees (please specify)</u>	_____	_____
_____	_____	_____
_____	_____	_____
<b>SUBTOTAL PERSONNEL</b>	_____	_____
<b>OTPS</b>		
<u>Travel &amp; Meetings</u>	_____	_____
<u>Marketing &amp; Advertising</u>	_____	_____
<u>Equipment</u>	_____	_____
<u>Supplies &amp; Materials</u>	_____	_____
<u>Professional Development/Training</u>	_____	_____
<u>Printing &amp; Copying</u>	_____	_____
<u>Telecommunications</u>	_____	_____
<u>Postage &amp; Delivery</u>	_____	_____
<u>Occupancy/Utilities</u>	_____	_____
<u>In-Kind</u>	_____	_____
<u>Depreciation</u>	_____	_____
<u>Contract Services (please specify)</u>	_____	_____
_____	_____	_____
_____	_____	_____
<u>OTHER (please specify)</u>	_____	_____
_____	_____	_____
_____	_____	_____
<b>SUBTOTAL OTPS</b>	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____
<b>DIFFERENCE</b> <b>(INCOME LESS EXPENSE)</b>	_____	_____