

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
CONTRIBUTIONS	
Business _____	\$ _____
Individual _____	\$ _____
EARNED INCOME	
Fees for Service _____	\$ _____
Membership Income _____	\$ _____
Special Events _____	\$ _____
Product Sales _____	\$ _____
Interest Income _____	\$ _____
OTHER INCOME	
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	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____
CORPORATE GRANTS		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____
FOUNDATION GRANTS		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____
OTHER (please specify)		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

GRAND TOTAL: \$ _____

