



## Long Island Sound Stewardship Fund Expense Budget Form

Indicate how funds would be allocated. If you do not anticipate an expense for a particular budget category, skip that category. It is not necessary to enter a zero (0) value in the cost field.

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

Amount of Grant Request: \$ \_\_\_\_\_

ITEM	Total Program/ Project Budget (amount includes what you are requesting from the LISSF)	Specific Amount requested from the LISSF of that Total Program/ Project Budget
<b>Personnel</b> (List all staff & title assigned to program/project)		
	\$	\$
Benefits & Payroll Taxes		
Consultants		
Professional Fees (please specify)		
<b>SUBTOTAL PERSONNEL:</b>	<b>\$</b>	<b>\$</b>

<b>Other Than Personnel Services (OTPS)</b>		
Travel & Meetings	\$	\$
Marketing & Advertising		
Equipment		
Supplies & Materials		
Professional Development/Training		
Printing & Copying		
Telecommunications		
Postage & Delivery		
Occupancy/Utilities		
In-Kind		
Depreciation		
Contract Services (please specify)		
Other (please specify)		
<b>SUBTOTAL OTPS:</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL EXPENSES:</b>	<b>\$</b>	<b>\$</b>