

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: \$ _____

EXPENSE BUDGET for Project/Program - LICF

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

ORGANIZATION: _____

Amount of Grant Request \$ _____ **Total Program/Project Cost** \$ _____

ITEM	Program/Project Total Cost	LICF Allocation
Personnel (List all staff & title assigned to program/project)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Benefits & Payroll Taxes	_____	_____
Consultants	_____	_____
Professional Fees (please specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
SUBTOTAL PERSONNEL	_____	_____
OTPS		
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)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
SUBTOTAL OTPS	_____	_____
TOTAL EXPENSES	_____	_____
DIFFERENCE (INCOME LESS EXPENSE)	_____	_____