

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
Personnel (List all staff & title assigned to program/project)		
	\$	\$
Benefits & Payroll Taxes		
Consultants		
Professional Fees (please specify)		
SUBTOTAL PERSONNEL:	\$	\$

Other Than Personnel Services (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:	\$	\$