# Project/Program Budget Form

Requesting Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In Column A, describe the separate expenses for your project, such as salaries, supplies, travel, etc. In Column B, indicate the amount you are requesting from HCF through this proposal. In Column C, indicate any additional amounts that will support that expense. In Column D, sum Columns B and C. At the bottom of the table, sum each column. Please note that matching funds are encouraged.

|  |  |  |  |
| --- | --- | --- | --- |
| A | B | C | D |
| **Project Expense:** | **HCF request:** | **Other funding source/****In-kind contribution:** | **Total Cost:** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total for each column:** | $ | $ | $ |

1. Please identify the sources of funding for your project. Indicate the total amount of support from each source and if the source is secured, pending, or in-kind. In Row 1, type in the name of this fund and the amount should match the Column B total in the above table. At the end of the table, total the amount. This total should match the total cost of your project (Column D in the above table).

|  |  |  |
| --- | --- | --- |
| **List all types of support** | **Amount** **(list value of volunteer/donated services)** | **Indicate if source is Secured, Pending, or In-kind** |
| **1. HCF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund** | **$** | **Pending** |
| 2. | $ |  |
| 3. | $ |  |
| 4. | $ |  |
| 5. | $ |  |
| **Total:** | $ |  |