



2017 PROGRAM BUDGET FOR LARGE GRANT APPLICATION

NAME OF ORGANIZATION:	
<i>Organization's Total Operating Budget:</i>	\$
Name of Program to be Funded:	
<i>Program's Total Budget</i>	\$
Amount Being Requested:	\$

PROPOSED PROGRAM BUDGET DETAILS

PLEASE NOTE: BUDGETS MISSING ITEMIZATIONS WILL NOT BE PROCESSED

EXPENSE CATEGORY (Use an additional sheet if necessary)	Amount Requested	Percentage Applied to this Program's Total Budget
CONSUMABLE SUPPLIES (Must Itemize)	\$	%
	\$	%
	\$	%
EQUIPMENT PURCHASES (Must Itemize)	\$	%
	\$	%
	\$	%
INSTRUCTORS (Indicate rate per hour & # of hours) <i>Note:Instructor Fees can NOT exceed 20% of total amount requested (Must Itemize)</i>	\$	%
	\$	%
	\$	%
PRINTING AND COPYING (Must Itemize)	\$	%
	\$	%
	\$	%
OTHER COSTS (Admission tickets, Food & Refreshments) (Must Itemize)	\$	%
	\$	%
	\$	%
TRAVEL (Must Itemize)	\$	%
	\$	%
	\$	%
UNIFORMS, T-SHIRTS, ETC (Must Itemize)	\$	%
	\$	%
	\$	%
TOTAL BUDGET REQUEST	\$	%