PROJECT BUDGET

This form is to be filled out reflecting the revenue and expenses of ONLY program/project you are requesting dollars to fund. If asking for general operating support, this form is not required.

AGENCY NAME: **Lewis County Health Department**

PROGRAM/PROJECT NAME: **Lewis County Wellness Labs**

REVENUE	Fiscal Last Year Actual	Fiscal This Year Budgeted	Fiscal Next Year Proposed
Allocation from this United Way	$ -	$ 21,497.03	
Allocated by Other United Ways	$ -	$ -	
Other Funders (Shared below by segment)	$ -	$ -	
*Individuals	$ -	$ -	
*Corporate/Company	$ -	$ -	
*Foundations	$ -	$ -	
*Legacies & Bequests (Unrestricted)	$ -	$ -	
*Government	$ -	$ -	
Special Fundraising Events (Listed by Event)	$ -	$ -	
Contributed by Associated Organizations	$ -	$ -	
Membership Dues	$ -	$ -	
Program Services Fees	$ -	$ -	
Sales of Materials	$ -	$ -	
Investment Income	$ -	$ -	
Miscellaneous Revenue	$ -	$ -	
Other (please specify):	$ -	$ -	
TOTAL REVENUE	**$ -**	**$ 21,497.03**	**$ -**

EXPENSES	Fiscal Last Year Actual	Fiscal This Year Budgeted	Fiscal Next Year Proposed
Salaries (Listed below individually)			
*LaVonne Bennett	$ -	$ 1,219.13	
*Angie Clay	$ -	$ 1,835.18	
*Haleigh Jones	$ -	$ 600.00	
*Alisha Krietemeyer	$ -	$ 2,081.71	
*Lexi Norcross	$ -	$ 1,222.76	
*Alexis Wilson	$ -	$ 1,730.63	
Employee Benefits	$ -	$ 3,910.23	
Lab Draws	$ -	$ 8,500.00	
Supplies	$ -	$ 397.39	
TOTAL EXPENSES	**$ -**	**$ 21,497.03**	**$ -**

EXCESS (DEFICIT)	Fiscal Last Year Actual	Fiscal This Year Budgeted	Fiscal Next Year Proposed
	$ -	$ -	$ -