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:	**Birthday Blessings**
PROGRAM/PROJECT NAME:	**Rest to Thrive**

REVENUE	**Fiscal Last Year Actual**	**Fiscal This Year Budgeted**	**Fiscal Next Year Proposed**
Allocation from this United Way	$ -	$ 1,000.00	$ 10,000.00
Allocated by Other United Ways			
Other Funders (Shared below by segment)			
*Individuals			
*Corporate/Company			
*Foundations			$ 2,000.00
*Legacies & Bequests (Unrestricted)			
*Government			
Special Fundraising Events (Listed by Event)			
Spring Donor Match		$ 1,200.00	$ 1,200.00
*			
Contributed by Associated Organizations			
Membership Dues			
Program Services Fees			
Sales of Materials			
Investment Income			
Miscellaneous Revenue			
Other (please specify):			
*			
TOTAL REVENUE	**$ -**	**$ 2,200.00**	**$ 13,200.00**

EXPENSES	**Fiscal Last Year Actual**	**Fiscal This Year Budgeted**	**Fiscal Next Year Proposed**
Bedding @ 150 sets	new program	$ 500.00	$ 8,250.00
Pajamas @ 150 sets	new program	$ -	$ 2,250.00
Delivery/fuel @ $100 per month	new program	$ 1,200.00	$ 1,200.00
Hygiene kits @ 75 sets	new program	$ 500.00	$ 1,500.00
Employee Benefits			
Payroll Taxes, etc.			
Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Rental & Maintenance of Equipment			
Printing & Publications			
Travel			
Conferences/Conventions & Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards & Grants			
Miscellaneous			
Payments to Affiliated Organizations			
Board Designations for Specified Activities for Future Years			
TOTAL EXPENSES	**$ -**	**$ 2,200.00**	**$ 13,200.00**

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