* **ATTACHMENT 1: Program/Project Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Proposal Title:** |  | | | |
| * **Primary Contact Information** | | | | |
| * **Name:** |  | | | |
| * **Title:** |  | | | |
| * **Email:** |  | | | |
| * **Mailing Address:** |  | | | |
|  |  | | | |
| * **Program/Project Budget** | | | | |
| * **REVENUE** | | * **Received or Awarded** | * **Pending\*** | * **Narrative** |
| * Grants: | |  |  |  |
| * Grant A | | * $ | * $ |  |
| * Grant B | | * $ | * $ |  |
|  | |  |  |  |
| * Individuals: | | * $ | * $ |  |
| * Fees for services: | | * $ | * $ |  |
| * Fundraisers, events, sales: | | * $ | * $ |  |
| * Other (Please define): | |  |  |  |
| * **Total** | |  |  |  |
| * **\*Note: Pending sources of support include requests currently under consideration including possible Skokie Community Foundation grant. Please indicate anticipated decision date for all grants in narrative column.** | | | | |
| * **EXPENSES** | | * **Total Program/Project** | * **SCF Grant Request** | * **Narrative** |
| * Project (Please define): | |  |  |  |
|  | | * $ | * $ |  |
|  | | * $ | * $ |  |
|  | |  |  |  |
|  | | * $ | * $ |  |
|  | | * $ | * $ |  |
|  | | * $ | * $ |  |
|  | |  |  |  |
| * Staff salaries for services: | | * $ | * $ |  |
| * Other (Please define): | | * $ | * $ |  |
| * **Total** | |  |  |  |
| * **Revenue Over Expenses** | |  |  |  |