* **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**
 |  |  |  |