

**SKOKIE COMMUNITY FOUNDATION • 2027 GRANT CYCLE  
REQUEST FOR PROPOSALS**

**ATTACHMENT 1: Program/Project Budget**

**Proposal Title:**

Primary Contact Information	
<b>Name:</b>	
<b>Title:</b>	
<b>Email:</b>	
<b>Mailing Address:</b>	

Program/Project Budget			
REVENUE	Received or Awarded	Pending*	Narrative
Grants:			
Grant A	\$	\$	
Grant B	\$	\$	
Individuals:			
Fees for services:	\$	\$	
Fundraisers, events, sales:	\$	\$	
Other (Please define):			
<b>Total</b>			

**\*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):	\$	\$	

<b>Total</b>
<b>Revenue Over Expenses</b>