

Project Budget For:

Organization Name

FUNDING	
Earned Income	
1. Admissions/Ticket Sales	
2. Contracted Services	
3. Other Revenue	
Support: (Contributed Income)	
4. Corporate Sponsors	
5. Foundations Grants	
6. Private Contributions	
7. Governmental Support (identify source)	
a.) Federal:	
b.) State:	
c.) City	
d.) County:	
8. Applicant Cash	
Total Existing Funding: (lines 1-8)	
Grant Amount Request:	
TOTAL FUNDING:	
EXPENSES:	
9. Personnel/ Staff (include salary and benefits)	
a.) Administration	
b.) Technical/Production	
10. Outside Fees and Services (provide details)	
a.)	
b.)	
11. Product Expenses	
12. Rental Expenses	
13. Promotion/Marketing	
14. Other Operating Expenses	
Total Project Cost: (lines 9-14)	
Note: "Total Funding" should equal "Total Project Cost"	