

Sample Budget Form 2017

Organization Name: ABC Organization

Date Prepared: 04/08/17

Proposed Program Dates: 01/01/18 - 12/31/18

Total Program Budget	\$ 200,000.00
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Income/Sources of Support	Program Budget			% of Budget
	Secured Income	Pending Income	Income	
Medica Foundation (proposed grant amount)		\$ 40,000.00	\$ 40,000.00	20%
Other Foundations & Corporations	\$ 50,000.00	\$ 50,000.00	\$ 100,000.00	50%
Government Grants and/or Contracts	\$ 10,000.00	\$ -	\$ 10,000.00	5%
Individual Contributions	\$ 20,000.00	\$ -	\$ 20,000.00	10%
Earned Income	\$ 10,000.00	\$ -	\$ 10,000.00	5%
Other Income (specify)	\$ -	\$ -	\$ -	0%
Income of Undetermined Source (calculated)			\$ 20,000.00	10%
Total Income	\$ 90,000.00	\$ 90,000.00	\$ 200,000.00	100%

Expenses for Overall Program		Medica Allocation (in dollars)	Program Budget Expenses
Program Expenses:			
Staff Positions - salaries and wages <i>Required: list FTE status & if new/existing FTE</i>	Indicate if New/Existing		
1 - Employee A	New	\$ 30,000.00	\$ 45,000.00
2 - Employee B	Existing	\$ -	\$ 45,000.00
3 - Employee C	Existing	\$ -	\$ 45,000.00
4		\$ -	\$ -
Benefits		\$ 1,500.00	\$ 47,000.00
Measurement & Evaluation*		\$ 4,000.00	\$ 10,000.00
Consultants and Professional Fees		\$ -	\$ -
Equipment (must support program/project)		\$ -	\$ -
Travel/Mileage		\$ -	\$ -
Program-related Printing / Supplies		\$ -	\$ 500.00
Other Program Expenses		\$ 500.00	\$ 500.00
Subtotal (not including admin. expense)		\$ 36,000.00	\$ 193,000.00
Administrative Expenses*:			
Rent		\$ 3,000.00	\$ 5,000.00
Office Supplies		\$ 1,000.00	\$ 1,000.00
Depreciation		\$ -	\$ -
Other Miscellaneous Admin Expenses		\$ -	\$ 1,000.00
Subtotal Administrative Expenses		\$ 4,000.00	\$ 7,000.00
Total Expenses		\$ 40,000.00	\$ 200,000.00
Net Surplus/Deficit			\$ -

*Up to 10% of the Medica grant funds can be allocated to each of these.

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Project Budget Continued

Organization Name:

Explain how you will use the Medica Foundation grant funds: Identify the specific components of the project that grant dollars will support

List other potential funders for which requests will or have been made for this project.
(enter amount in the appropriate status column)

Funder Name	Amount Secured	Amount Pending
Foundation A	\$ 50,000.00	
Foundation B		\$ 50,000.00
Government Grant A	\$ 10,000.00	
Foundation C - application due in 2 months		
Totals	\$ 60,000.00	\$ 50,000.00

Explain your plan for obtaining "Income of Undetermined Source" (Cell D15 on page one):
(Required for all requests)

Explain how the scope of the project will change if the remaining funds are not secured:
(Required for all requests)