

STRATEGIC INITIATIVE GRANT BUDGET

APPLICANT ORGANIZATION: _____

A. PROJECT INCOME

List the source and amount that will be applied to the project. State or federal funds cannot be used as match.

	I. Applicant	II. Partner	III. Total (I+II)
A1. Earned Income			
a. Cash	\$ _____	\$ _____	\$ _____
b. Other (itemize)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(Total Earned Income)	\$ _____	\$ _____	\$ _____

A2. Contributed Income - Put a "check" in the box next to **confirmed** sources of income.

Please itemize. Contributed Income includes income from foundations, corporations, municipalities and other sources such as individuals.

	I. Applicant	II. Partner	III. Total (I+II)
1. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
2. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
3. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
4. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
5. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
6. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
7. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
8. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
(Total Contributed Income)	\$ _____	\$ _____	\$ _____

A3. SUB-TOTAL (EARNED & CONTRIBUTED) \$ _____ \$ _____ \$ _____

A4. TOTAL APPLICANT/PARTNER INCOME/MATCH (A3 TOTAL) \$ _____

A5. CCT Request \$ _____

A6. TOTAL PROJECT INCOME INCLUDING CCT REQUEST (A6 + A7) \$ _____

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B. PROJECT EXPENSES

	TOTAL PROJECT EXPENSE	CCT REQUEST
B1. Administrative Expenses (e.g. organizational staff, overhead costs, etc.) (not to exceed 20% of total project cost) Please include line-item breakdown below.		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B1. SUB-TOTAL	\$ _____	\$ _____
B2. Program Expenses		
a. Artistic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
b. Programmatic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
B2. SUB-TOTAL	\$ _____	\$ _____
B3. Other Program Expenses (please list)		
Other (specify)		
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B3. SUB-TOTAL	\$ _____	\$ _____
TOTAL (SUM OF B1, B2, AND B3 SUB-TOTALS)	\$ _____	\$ _____
	(Must equal line A6)	(Must equal line A5)