

FORM D. FINANCIAL INFORMATION

I. BUDGET FORM ¹

Applicants shall include detailed itemizations of anticipated expenses on the forms below and shall include explanation in narrative form for each expense.

Budget Category	Sub-Recipient #2 Budget	Sub-Recipient #3 Budget	Sub-Recipient #4 Budget
Revenue			
Government	_____	_____	_____
Foundations/Corporations			
Earned Revenue/Contracts			
Donor Contributions			
Other			
<hr/>			
Total Revenue			
<hr/>			
Expenses			
Personnel			
<i>For additional staff positions, itemize on separate sheet.</i>			
Salary for Staff 1	_____	_____	_____
Salary for Staff 2	_____	_____	_____
Salary for Staff 3	_____	_____	_____
Salaries Subtotal	_____	_____	_____
Benefits (e.g., medical, dental, vacation)	_____	_____	_____
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Subtotal Salary and Benefits			
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¹ Up to 25% of an awarded grant may be used for an allocated share of administrative overhead costs, but only if included and justified in the proposed budget submitted with the original application.

Non-personnel

Space	_____	_____	_____
Meetings/Conferences	_____	_____	_____
Telecommunications	_____	_____	_____
Supplies	_____	_____	_____
Equipment Rental/Maintenance	_____	_____	_____
Travel	_____	_____	_____
Training	_____	_____	_____
Insurance	_____	_____	_____
Audit	_____	_____	_____
Printing and Publications	_____	_____	_____
Professional Services/Consulting	_____	_____	_____
Evaluation	_____	_____	_____
Other (<i>itemize on separate sheet</i>)	_____	_____	_____

Total Expenses

Net Revenue

***Attach additional sheets as necessary for additional sub-recipients.**