

Tempe Community Foundation Grant Application

PROGRAM / PROJECT BUDGET

Complete the budget form below, save and upload to online grant application. If applicable, list any in-kind donations and other contributions to the program.

Note: Total Income should equal Total Expenses

Project start date and range _____ to _____

INCOME	
TCF Grant Request	\$
Other Foundations	\$
Public Agency Contributions	\$
Individual Contributions	\$
In-Kind Contributions	\$
Other	\$
TOTAL INCOME	\$
EXPENSES	
Salaries	\$
Benefits	\$
Supplies	\$
Advertising & Promotions	\$
Printing & Production	\$
Postage	\$
Awards	\$
Meeting Expenses	\$
Consultant Expenses	\$
Travel Expenses	\$
Other	\$
TOTAL EXPENSES	\$