

Appendix D: Budget Template

Budget Form: Upper Valley Community Project Funding to Address Health Inequities

Applicant Name

Project Title

Request Date

	Requested Grant Amount	Other Sources (If Applicable)	Total Project Budget
Income Sources			
This Grant Request (Max. Request)	\$ -	\$ -	\$ -
Foundation and Corporate Grants	\$ -	\$ -	\$ -
Government Grants and Contracts	\$ -	\$ -	\$ -
Individual Contributions	\$ -	\$ -	\$ -
Earned Income	\$ -	\$ -	\$ -
Total Income	\$ -	\$ -	\$ -
Expenses			
Salaries and Wages			
Employee Benefits and Taxes			
Total Personnel Costs	\$ -	\$ -	\$ -
Consultants	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Insurance Expense	\$ -	\$ -	\$ -
Marketing/Advertising	\$ -	\$ -	\$ -
Postage and Delivery	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -
Professional Training & Education	\$ -	\$ -	\$ -
Rent and Occupancy	\$ -	\$ -	\$ -
Supplies and Materials	\$ -	\$ -	\$ -
Telephone and Technology	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Overhead <i>(please include percentage rate</i>	\$ -	\$ -	\$ -
Other Expense	\$ -	\$ -	\$ -
Total Non Personnel Costs	\$ -	\$ -	\$ -
Total Expenses	\$ -	\$ -	\$ -
Excess of Revenue Over Expenses	\$ -	\$ -	\$ -