

**Mid-Hudson Executive Committee - Request for Board of Managers Funds Grant
Program Budget**

Name of Program: _____

Name of Person Completing this Budget: _____ Telephone: _____

N/A should be entered if a line item is not part of the program budget.

PROGRAM INCOME	Budget for Fiscal Year grant begins	
Date Fiscal Year Begins:		
Endowment		
Sponsoring Parish (<i>cash outlay only</i>) Contribution		
Grants (list separately): <i>Episcopal Charities</i>		
<i>Other Funding</i> <i>List Here</i>		
In-Kind Contributions		
Government Funds		
Tuition/Fees (<i>per week per client \$</i>)		
Other (<i>describe</i>)		
Total Income:		
PROGRAM EXPENSES		
Staff Salary: (list positions)		
Fringe Benefits		
Insurance (specify type/insurer)		
Maintenance		
Other (<i>explain if more than \$500</i>)		
Office Supplies		
Food (cash only)		
Food (Government food program credits)		
Trips		
Supplies (art, book, video)	Explain:	
Rent (cash only)		
Utilities		
Total Expenses:		
Net Surplus or (Deficit)*		

I certify that all information included in this application is correct and true to the best of my ability.

Signature of Rector or Clergy person in Charge:		Date:
Signature of Program Director:		Date: