**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  Date Fiscal Year Begins: | | Budget for Fiscal Year grant begins |
| Endowment | |  |
| Sponsoring Parish *(cash outlay only)* Contribution | |  |
| Grants (list separately):  *Episcopal Charities* | |  |
| *Other Funding*  *List Here* | |  |
| In-Kind Contributions | |  |
| Government Funds | |  |
|  | |  |
| Tuition/Fees *(per week per client $     )* | |  |
| Other *(describe)* | |  |
| *Total Income*: | |  |
| PROGRAM EXPENSES | |  |
| Staff Salary:  (list positions) |  |  |
|  |  |
| Fringe Benefits | |  |
| Insurance (specify type/insurer) | |  |
| Maintenance | |  |
| Other *(explain if more than $500)* | |  |
| 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 Clergyperson in Charge:** |  | Date: |
| **Signature of Program Director:** |  | Date: |