**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 INCOMEDate 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:       |