

SAMPLE of COMPLETED Form
Con Alma Health Foundation (CAHF)

Proposed Budget

(Do **not** use this form if applying for General Operating Support)

Request Type (Select *only* One) Project Technical Assistance NNMHGG

Name of Organization The Working Together Institute

Request Title Working Together for Impact Project

Contact Name & email/phone Jo Doe Jo@workingtogetherinstitute.org 505-505-5555

Budget Period (Start & End Date) January 1, 2019 to December 31, 2019

Budget Period - Applications submitted in the current year, if awarded, will cover activities in the subsequent calendar year)

Column A REVENUE SECTION	Column B TOTAL BUDGET	Column C Total PENDING
Below are categories of income/revenue you might have, or are counting on, to support the request to CAHF. (Note: if a category does <u>not</u> apply, leave amount blank)	What is the total budget?	What amounts are pending?
List- REVENUE, as applicable	(do <u>not</u> include in-kind)	(do <u>not</u> include in-kind)
Foundations/Grants	\$ 100,000	\$ 20,000
Governmental/Public Contracts	\$ 20,000	\$ 10,000
Donations (Individual/Corporate/Business)	\$ 8,000	\$ 5,000
Operating Budget - Income from Membership Dues	\$ 5,000	\$ 1,000
TOTAL	\$133,000.00	\$36,000.00

EXPENDITURES SECTION 1

Section 1 details expenditures related to personnel & contractual services that might apply to your request

Column A	Column B Use Column B to show TOTAL EXPENDITURES for Section 1	Column C Use Column C to show only AMOUNTS REQUESTED of CAHF
(Note: if a category does <u>not</u> apply, leave amount blank)	(do <u>not</u> include in-kind)	(do <u>not</u> include in-kind)
List- PERSONNEL & CONTRACTUAL EXPENSES, if applicable		
Personnel (full time)	\$ 75,000	\$ 5,000
Personnel (part-time)	\$ 25,000	\$ 2,500
Fringe Benefits, if applicable	\$ 20,000	\$ 2,500
Contractual (persons working by contract)	\$ 5,000	\$ 1,000
Subtotal Personnel & Contractual	\$125,000	\$11,000

EXPENDITURES SECTION 2

Section 2 details expenditures common to most requests that might apply to your request

Column A	Column B Use Column B to show TOTAL EXPENDITURES for Section 2	Column C Use Column C to show only AMOUNTS REQUESTED of CAHF
(Note: if a category does <u>not</u> apply, leave amount blank)	(do <u>not</u> include in-kind)	(do <u>not</u> include in-kind)
List- PROJECT EXPENSES, if applicable		
Direct Expenses - Office Supplies (Consumables & Printing)	\$ 1,500	\$ 1,000
Direct Expenses - Travel/Mileage Reimbursement	\$ 1,500	\$ 1,000
Direct Expenses - Technology & Communications	\$ 1,000	\$ 500
Expenses - Other Conference Facility Costs	\$ 3,000	\$ 1,000
Expenses - Other Shared Administrative costs	\$ 1,000	\$ 500
Subtotal Expenses	\$8,000	\$4,000
Total EXPENSES (Personnel/Contractual + Project Expenses)	\$133,000	\$15,000

IN-KIND & PRO-BONO SERVICES & RESOURCES

Include elements that support your request but that are not monetary (such as donated items, services, volunteers' time)
If possible, project the value of these 'free' items or services by assigning an estimated \$ value in either the secured or pending columns

Description	SECURED	PENDING/EXPECTED
Volunteer (time estimated as 20 hrs @ \$15/per hr)	\$ 300	\$ -
Venue (facility cost discount)	\$ -	\$ 1,000
Overhead support from operating budget	\$ 10,000	
Total estimated In-Kind & Pro-Bono	\$ 10,300	\$ 1,000