

# Foundation for Community Health Budget Worksheet

Name of Organization: \_\_\_\_\_

I. Program Budget Fiscal Period: \_\_\_\_\_ to \_\_\_\_\_

I) Revenue & Support:	Amount Requested from FCH	Amount from other funders	Revenue Income: Fees	In Kind Contribution (valued)	Program Budget Total
FCH Total Request:					
Please list other funders:					
<b>Total Revenue &amp; Support</b>					
<b>II) Expenses:</b>					
<i>Personnel Expenses:</i> list all staff involved in program and indicate position title, salary and % of FTE					
Name:					
Position:					
% FTE:					
Name:					
Position:					
% FTE:					
Fringe @ ____ %					
Agency Sub-Contracts					
Consultants					
<b>Total Personnel Expenses</b>					
<b>Operating Expenses</b>					
Stipends					
Equipment					
Postage/Telephone					
Printing/Copying					
Travel/Lodging					
Supplies/Material					
Rental Facilities					
Indirect Costs (15%)					
<b>Total Operating Expenses</b>					
<b>Total Program Expenses</b>					
<b>Percent of total budget</b>					

NOTE: It is not necessary to have expenses in all budget lines. Use the lines that are relevant to your project and add or subtract as needed.

