



| SAMPLE DIAPER BANK BUDGET | | Current Year Approved Budget <small>You must fill in this column unless your organization or project has not existed before.</small> | Project budget <small>(Section I, question 14)</small> |
|--|--|--|--|
| PROJECT BUDGET INFORMATION <small>(please see separate instructions)</small> | | | |
| PERSONNEL COSTS | | | |
| 1 | Total Salaries | 0 | 0 |
| 2 | Benefits (list on lines 31-34 under BENEFITS , enter total from line 35 here) | 0 | |
| | Consultant and contract services <small>(sum of lines 3-6)</small> | | 6,000 |
| 3 | Audit | 183 | |
| 4 | Legal | | |
| 5 | Outside training | | |
| 6 | Networking , promotion, consultant and prof. fees | 500 | 1,000 |
| 7 | Personnel Sub-total (total of lines 1-6) | 683 | 7,000 |
| OPERATING COSTS | | | |
| | Space <small>(sum of lines 8-9)</small> | | |
| 8 | Rent/Mortgage | 2,748 | |
| 9 | Utilities included in Rent (above) | 0 | |
| 10 | Telephone | 0 | |
| | Equipment <small>(sum of lines 11-13)</small> | 0 | |
| 11 | Office/Computer | | |
| 12 | Other (describe) | | |
| 13 | Supplies | | |
| | Travel <small>(sum of lines 14-15)</small> | | |
| 14 | Local | 222 | |
| 15 | Out of town | | |
| 16 | Postage and printing, copying | 266 | |
| 17 | Insurance | | |
| | Other operating costs: <small>(sum of lines 18-19: add lines as required)</small> | | |
| 18 | Diaper purchases | | |
| 19 | Describe: | | |
| 20 | Operating Sub-total (total of lines 8-19) | 3,236 | 0 |
| 21 | PROGRAM COSTS (if not included above) Itemize on next page and total will appear here. | 26,752 | 0 |
| 22 | TOTAL EXPENDITURES (total of lines 7, 20, and 21) | 30,671 | 7,000 |

| I N C O M E | | | |
|--------------------|--|---------------|--------------|
| 23 | Self-generated (membership fees, sales, etc.) | | |
| 24 | Grants already confirmed (list on lines 44-50, enter totals from line 51 here) | 8,000 | |
| 25 | Value of in-kind contributions that were included in expenses | 13,491 | |
| 26 | Interest income | | |
| 27 | Other income (list on next page, enter total from line 55 here) | 5,977 | |
| 28 | Total committed income (total of lines 23-27) | 27,468 | 0 |
| 29 | INCOME NEEDED TO BALANCE BUDGET FOR PROJECT | 3,203 | 7,000 |
| 30 | AMOUNT REQUESTED FROM NDBN | | 2,000 |

NOTE: If the Applying Organization's budget is not the same as the Project Budget, complete the Budget Summary on next page

| BENEFITS | | Current Year Approved Budget | Project Request |
|---|--|-------------------------------------|-------------------------|
| 31 | FICA | 0 | |
| 32 | Medical/Dental | 0 | |
| 33 | Pension | 0 | |
| 34 | Other: Worker's Comp /Unemployment \$ | 0 | |
| 35 | Total Benefits (total of 31-34; this transfers to line 2 above) | 0 | |
| PROGRAM COSTS | | Current Year Approved Budget | Project Request |
| 36 | Expenses -- includes \$13,491 in-kind diaper donations | 26,752 | |
| 37 | | | |
| 38 | C. | | |
| 39 | D. | | |
| 40 | E. | | |
| 41 | F. | | |
| 42 | G. | | |
| 43 | Total Program Costs (total of 36-42; transfers to line 21 above) | 26,752 | 0 |
| GRANTS ALREADY CONFIRMED/RECEIVED (Attach separate listing if needed) | | Current Year Approved Budget | Project Request |
| 44 | GRant:confirmed but amount not yet designated (\$8,000-10,000) | 8,000 | |
| 45 | B. | | |
| 46 | C. | | |
| 47 | D. | | |
| 48 | E. | | |
| 49 | F. | | |
| 50 | G. | | |
| 51 | Total Committed Grants (total of 44-50; transfers to line 24 above) | 8,000 | 0 |
| OTHER INCOME (for example, donations, sales, payment for services, etc.) | | Current Year Approved Budget | Project Request |
| 52 | Fundraising | 1,400 | |
| 53 | Cash donations | 4,577 | |
| 54 | C. | | |
| 55 | Total Other Income (total of 52-54; transfers to line 27 above) | 5,977 | 0 |
| POTENTIAL GRANTS: Requested but not yet confirmed. List grantmaker and include the date you expect to hear the decision. | | | Amount Requested |
| 56 | [REDACTED] society -- Dec. 2014 | | 1,000 |
| 57 | [REDACTED] Community Fund, -- Fall 2014 | | 10,000 |
| 58 | C. | | |
| 59 | D. | | |
| 60 | E. | | |
| 61 | F. | | |
| 62 | G. | | |

| APPLICANT ORGANIZATION BUDGET SUMMARY: for non-General Support requests. | | |
|---|--|--|
| | | * <u>Must complete</u> if the above |
| 63 | Personnel Expenses | 0 |
| 64 | Operating Expenses | 3,919 |
| 65 | Program Expenses | 13,261 |
| 66 | Other Expenses: In Kind Diapers and transportation | |
| 67 | Total Expenses | 17,180 |
| 68 | Self-generated Income | 4,577 |
| 69 | Contributions and Fundraising - To be Raised | 1,400 |
| 70 | Gratn Income - To be raised | 8,000 |
| 71 | Other Income : In kind diapers and transportation | 13,491 |
| 72 | Total Income | 27,468 |