

## Detailed Budget for a small diaper program with \$3,550 in expenses

### Financial Information:

PROJECT BUDGET INFORMATION (please see separate instructions)		Current Year Approved Budget You must fill in this column unless your organization or project has not existed before.	Project budget  (Section I, question 14)
<b>PERSONNEL COSTS</b>			
1	Total Salaries		
2	Benefits (list on lines 31-34 under <b>BENEFITS</b> , enter total from line 35 here)		
	Consultant and contract services (sum of lines 3-6)		
3	Audit		
4	Legal		
5	Outside training		
6	Other (describe):		
7	<b>Personnel Sub-total (total of lines 1-6)</b>	0	0
<b>OPERATING COSTS</b>			
	Space (sum of lines 8-9)		
8	Rent/Mortgage		
9	Utilities (do not include telephone)		
10	Telephone		
	Equipment (sum of lines 11-13)	0	
11	Office/Computer		
12	Other (describe)		
13	Supplies		50
	Travel (sum of lines 14-15)	0	
14	Local		
15	Out of town		400
16	Postage		100
17	Insurance		
	Other operating costs: (sum of lines 18-19: add lines as required)		
18	Describe:		
19	Describe:		
20	<b>Operating Sub-total (total of lines 8-19)</b>	0	550
21	<b>PROGRAM COSTS</b> (if not included above) Itemize on next page and total will appear here.	0	3,000
22	<b>TOTAL EXPENDITURES</b> (total of lines 7, 20, and 21)	0	3,550

<b>INCOME</b>			
23	Self-generated (membership fees, sales, etc.)		
24	Grants already confirmed (list on lines 44-50, enter totals from line 51 here)		
25	Value of in-kind contributions that were included in expenses		
26	Interest income		
27	Other income (list on next page, enter total from line 55 here)		7,000
28	<b>Total committed income (total of lines 23-27)</b>	0	7,000
29	<b>INCOME NEEDED TO BALANCE BUDGET FOR PROJECT</b>	0	

30	AMOUNT REQUESTED FROM NDBN		3,000
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NOTE: If the Applying Organization's budget is not the same as the Project Budget, complete the Budget Summary or

BENEFITS		Current Year Approved Budget	Project Request
31	FICA		
32	Medical/Dental		
33	Pension		
34	Other: Worker's Comp /Unemployment \$		
35	<b>Total Benefits (total of 31-34; this transfers to line 2 above)</b>		
PROGRAM COSTS		Current Year Approved Budget	Project Request
36	A. INVENTORY PURCHASES		3,000
37	B.		
38	C.		
39	D.		
40	E.		
41	F.		
42	G.		
43	<b>Total Program Costs (total of 36-42; transfers to line 21 above)</b>	0	3,000
GRANTS ALREADY CONFIRMED/RECEIVED (Attach separate listing if needed)		Current Year Approved Budget	Project Request
44	A.		
45	B.		
46	C.		
47	D.		
48	E.		
49	F.		
50	G.		
51	<b>Total Committed Grants (total of 44-50; transfers to line 24 above)</b>	0	
OTHER INCOME (for example, donations, sales, payment for services, etc.)		Current Year Approved Budget	Project Request
52	A. General Donations		7,000
53	B.		
54	C.		
55	<b>Total Other Income (total of 52-54; transfers to line 27 above)</b>	0	7,000
POTENTIAL GRANTS: Requested but not yet confirmed. List grantmaker and include the date you expect to hear the decision.			Amount Requested
56	A.		
57	B.		
58	C.		
59	D.		
60	E.		
61	F.		
62	G.		
<b>APPLICANT ORGANIZATION BUDGET SUMMARY: for non-General Support requests. * Must complete if the above</b>			
63	Personnel Expenses		
64	Operating Expenses		
65	Program Expenses		

66	Other Expenses: In Kind Diapers and transportation	
67	<b>Total Expenses</b>	<b>0</b>
68	Self-generated Income	
69	Contributions and Fundraising - To be Raised	
70	Grant Income - To be raised	
71	Other Income : In kind diapers and transportation	
72	<b>Total Income</b>	<b>0</b>