

National Diaper Bank Network



Name of Diaper Bank		Current Year Approved Budget	Project budget
SAMPLE DIAPER BANK BUDGET		You must fill in this column unless your organization or project has not existed before.	(Section I, question 14)
PROJECT BUDGET INFORMATION (please see separate instructions)			
PERSONNEL COSTS			
1	Total Salaries	20,000	
2	Benefits (list on lines 31-34 under BENEFITS , enter total from line 35 here)	3,700	
	Consultant and contract services (sum of lines 3-6)		
3	Audit		
4	Legal		
5	Outside training		
6	Other (describe): Temp Help	1,000	
7	Personnel Sub-total (total of lines 1-6)	24,700	0
OPERATING COSTS			
	Space (sum of lines 8-9)		
8	Rent/Mortgage	24,000	
9	Utilities (do not include telephone)	0	
10	Telephone	1,200	
	Equipment (sum of lines 11-13)	1,750	
11	Office/Computer		
12	Other (describe) Diaper collection receptacles	750	750
13	Supplies	1,000	750
	Travel (sum of lines 14-15)	0	
14	Local		
15	Out of town		
16	Postage	500	
17	Insurance	5,124	
	Other operating costs: (sum of lines 18-19: add lines as required)		
18	Describe: Fundraising	3,800	
19	Describe: Office Expenses	2,000	500
20	Operating Sub-total (total of lines 8-19)	38,374	2,000
21	PROGRAM COSTS (if not included above)	25,000	0
	Itemize on next page and total will appear here.		
22	TOTAL EXPENDITURES (total of lines 7, 20, and 21)	88,074	2,000
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)	14,750	
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)	47,000	1,000
28	Total committed income (total of lines 23-27)	61,750	1,000
29	INCOME NEEDED TO BALANCE BUDGET FOR PROJECT	26,324	1,000
30	AMOUNT REQUESTED FROM NDBN		1,000

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	2,400	
32	Medical/Dental		
33	Pension		
34	Other: Worker's Comp /Unemployment \$	1,300	
35	Total Benefits (total of 31-34; this transfers to line 2 above)	3,700	
PROGRAM COSTS		Current Year Approved Budget	Project Request
36	Diapers	20,000	
37	Clothing	4,000	
38	Wipes	500	
39	Other Program Expenses	500	
40			
41	F.		
42	G.		
43	Total Program Costs (total of 36-42; transfers to line 21 above)	25,000	0
GRANTS ALREADY CONFIRMED/RECEIVED (Attach separate listing if needed)		Current Year Approved Budget	Project Request
44	Department of Health & Human Services	9,000	
45	██████████ Fund	5,000	
46	City of ██████████	750	
47	D.		
48	E.		
49	F.		
50	G.		
51	Total Committed Grants (total of 44-50; transfers to line 24 above)	14,750	0
OTHER INCOME (for example, donations, sales, payment for services, etc.)		Current Year Approved Budget	Project Request
52	A. General Donations	35,000	
53	Fundraising Sponsorships, ticket sales and raffle proceeds	12,000	
54	C.		
55	Total Other Income (total of 52-54; transfers to line 27 above)	47,000	0
POTENTIAL GRANTS: Requested but not yet confirmed. List grantmaker and include the date you expect to hear the decision.			Amount Requested
56	██████████ foundation : May, 2015		20,000
57	██████████ foundation: December, 2014		1,000
58	██████████ Foundation: December, 2014		1,500
59	██████████ foundation: January, 2015		2,500
60	Dept. Human Service: December, 2014		10,000
61	F.		
62	G.		

APPLICANT ORGANIZATION BUDGET SUMMARY: for non-General Support requests. * **Must complete** if the above budget was for a project that is only part of your organizations's work.*

63	Personnel Expenses	
64	Operating Expenses	2,000
65	Program Expenses	
66	Other Expenses: In Kind Diapers and transportation	
67	Total Expenses	2,000
68	Self-generated Income	1,000
69	Conrinutions and Fundraising - To be Raised	
70	Gratn Income - To be raised	1,000
71	Other Income : In kind diapers and transportation	
72	Total Income	2,000