CCHD Local Grant Application--Proposed Budget

Organization Name:

Instructions:	You may add or	edit the expenditur	e line items as	necessary.	It is required that	your budget be as

detailed as possible. Project income total and project expense total should be equal. Column #1 Column #2 **Organization Budget CCHD Grant Budget** Use your projected budget. These In this column list sources of income for the figures should be consistent with proposed CCHD project, including CCHD funds your proposed budget and and any matching funds. No figure in this fundraising goals in the application column can be larger than the related figure in narrative. Column #1. PROJECT INCOME TOTAL INCOME \$ 0.00 In this column, expenses should reflect your Local CCHD request. Expenses should be only those items for which you will use your requested CCHD grant. **PROJECT EXPENSES TOTAL EXPENSES** \$0.00 \$0.00