**Project Budget for Your Grant Request** Amount Requesting

Organization Name

Fill in all relevant line items, providing descriptions for each line item, if applicable. Use an additional sheet of paper if needed.

***Column A***Items needed for this project’s completion.

***Column B*** Estimate of Cost of Project items in Column A.

***Column C*** Dollars which are already committed/secured for items outlined in Column A.

***Column D*** Specify what project expense item(s) listed in Column A, the BAF grant will support.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Column A* Project Expense Items** | ***Column B* Estimate of Cost of Project** | ***Column C* Budgeted Income** | ***Column D* Requested BAF Grant Support** |
|  |  |  |  |
| 1) Fees |  |  |  |
| 2) Personnel Expense |  |  |  |
| 3) Supplies |  |  |  |
| 4) Related Program Expenses |  |  |  |
| 5) Equipment Costs |  |  |  |
| 6) Other |  |  |  |
| 7) Other |  |  |  |
| 8) Other |  |  |  |
| 9) Other |  |  |  |
| **10) Total** |  |  |  |
|  |  |  |  |
| **Anticipated Income Sources to Meet Costs (describe)** | | |  |
| Beckley Area Foundation (amount from D-10 section) | | |  |
| Other Income Source | | |  |
| Other Income Source | | |  |
| Other Income Source | | |  |
| Other Income Source | | |  |
| **Total** | | |  |