

Budget Form 2012
(For THIS program only)

6. Budget			
	Agency Name		
	Program Name		
	Impact Area		
	Please Indicate your financial year		
	<input type="checkbox"/>	Fiscal Year	<input type="checkbox"/>
			Calendar Year

		This Year's Current Budget (i.e. FY11-12, CY1/12-12/12)	Projected Budget (i.e. FY12-13, CY1/13-12/13)
A.	Revenues		
1	Contributions from Charitable Organizations/Foundations		
2	Contributions from Corporations/Businesses		
3	Contributions from Individuals (includes membership)		
4	Special Events (Gross)		
5	Government Grants and Reimbursement Fees		
6	Client Fees		
7	Other Income (Specify)		
8	United Way Designations		
9	United Way Grant Funding for this program (NOT INCLUDING DESIGNATIONS)		
	Total Revenues for this Program	\$ -	\$ -
B.	Expenses		
1	Personnel Expenses		
2	Facility & Other Overhead Expenses		
3	Program Supplies & Expenses		
	Total Program Expenses	\$ -	\$ -
C.	Balance	\$ -	\$ -