

Program Budget Form

Name of Program:

NOTE: If "Next Fiscal Year" begins 7/1/19 or later, it is not necessary to complete Column D.

		Column A	Column B	Column C	Column D
Row		Actual for Past Fiscal Year	Budget for Current Fiscal Year	Actual for Current Fiscal Year to date	Budget for Next Fiscal Year
1	Begins on Date (mm/dd/yy):				
2	Ends on Date(mm/dd/yy):				
3	PROGRAM INCOME				
4	Endowment				
5	Government Funds, incl. HPNAP OSP**				
6	Episcopal Charities Grant				
7	Other Grants**				
8	Individuals				
9	Sponsoring Parish (cash outlay only)				
10	Government food program credits, HPNAP only**				
11	Tuition/Fees **				
12	Other**				
13	Total Income:				
14	PROGRAM EXPENSES				
15	Staff - Salary and Benefits**				
16	Food - cash only				
17	Food - government food program credits / HPNAP				
18	Tuition Assistance/ Scholarships				
19	Transportation**				
20	Supplies**				
21	Rent				
22	Utilities				
23	Insurance (related to program)				
24	Maintenance				
25	Marketing & Communications				
26	Other**				
27	Total Expenses				
28	Net Surplus or (Deficit)				

****Describe on following pages if line item is \$500 or more.**

Budget Explanation

For the items listed below, describe if line item is \$500 or more.

Income

Government Funds - other than feeding program food credits

Grants - please list significant grants related to submitted budget (other than Episcopal Charities and Government funds)

Government Food Program Credits

Tuition and fees (please indicate amount collected per client, frequency of collection:

Other Income

Expenses

Staff, including salary and benefits. Please list positions.

Supplies

Transportation

Other Expenses

Budget Explanation, continued:

If any individual line item in budget columns B or D shows a decrease or increase of 25% or greater from the previous fiscal year actuals, please explain:

If a deficit is projected for the current or coming fiscal year, please explain how you intend to balance the budget:

Other Notes: You are welcome to provide any additional financial information that you believe will be helpful:

In Kind Gifts (optional):

Please describe any in-kind gifts received, **including USDA food**, that have a substantial impact on your budget. Consider the value of volunteer labor, value of food donated, value of space donated, value of supplies donated, etc.