

**2025 Prospective Grantee Budget (Youth)**

Grantee Name:                 Sponsoring Parish:

Instructions for this form:

* Include all **cash** income and expenses in this budget form. Do not include in-kind contributions or any costs covered by the sponsoring parish, unless the program has or will reimburse the parish.
* Items marked with an asterisk (\*) should be described on the next page if the amount is $500 or more
* **After-School and “Other” Programs: Column A** should include your *actual* spending for the current (2024) year. **Column B** should be your projected budget for *next year* (2025), including projections for the first half of the 2025-2026 academic year
* In Column **A, Row 4** should include your program’s YOG Award from the previous year as well as the second installment of your 2023 YOG award. In Column **B, Row 4** should include the requested grant amount for 2025.

|  |  |  |  |
| --- | --- | --- | --- |
| Row |  | **Column A:** **2024 Actual** | **Column B:****2025 Budget** |
| 1 | **Begins on Date (mm/dd/yy):** |       |       |
| 2 | **Ends on Date (mm/dd/yy)** |       |       |
| 3 | **PROGRAM INCOME** |       |       |
| 4 | * Episcopal Charities Youth Opportunity Grant
 |       |       |
| 5 | * Sponsoring Parish Contribution (cash outlay only)
 |       |       |
| 6 | * Grants: Government\*
 |       |       |
| 7 | * Grants: Other \*
 |       |       |
| 8 | * Individual Contributions
 |       |       |
| 9 | * Tuition/Fees\*
 |       |       |
| 10 | * Other Income\*
 |       |       |
| 11 | ***Total Income:*** |       |       |
| 12 | **PROGRAM EXPENSES** |       |       |
| 13 | * Staff Salary and Benefits\*
 |       |       |
| 14 | * Rent, Utilities, Insurance \*
 |       |       |
| 15 | * Tuition Assistance\*
 |       |       |
| 16 | * Program Supplies\*
 |       |       |
| 17 | * Technology Expenses (equipment, subscriptions, etc.)
 |       |       |
| 18 | * Food
 |       |       |
| 19 | * Travel & Transportation
 |       |       |
| 20 | * Other Expenses\*
 |       |       |
| 21 | ***Total Expenses*** |       |       |
| 22 | ***Net Surplus or (Deficit)*** |       |       |