

ORGANIZATIONAL PROGRAM BUDGET FORMAT

Date: _____

Fiscal Year Ends: _____

\$ THOUSANDS

FYE 20____

SUPPORT & REVENUE		
	List sources of revenue designated for this specific program.	
TOTAL REVENUE		
EXPENSES*		
	Wages & Related Costs	
	Professional Fees	
	Equipment	
	Materials and Supplies	
	Travel	
	Food	
	Administration	
	Other	
TOTAL EXPENSES		
NET SURPLUS/(DEFICIT)		

**As a rule, items listed in the expenses category should be those that make up more than 10% of total organizational or program expenses.*

***The budget format presented is only a sample.
The Foundation does not require an organization to use this format,
and you may submit your budget in a another format if you wish.***