



Multi-Year Project Budget Form

Organization Name:  
Project Title:

Note: when completing this form, please include all expenses and revenues associated with the project -- i.e., **the full project budget**. As needed, please use the 'More Information' column to clarify or specify each expense or revenue.

**Estimated Expenses** - Please use the last column on the right to show which of these a OCF grant would be used to cover.

Item	More Information	Year 1 Amount (\$)	Year 2 Amount (\$)	Year 3 Amount (\$)	OCF Funds?
Salaries, wages and benefits directly attributable to the project*					<input type="checkbox"/> Yes
Fees for contracts and professional assistance required for the project					<input type="checkbox"/> Yes
Equipment and supplies to support the project					<input type="checkbox"/> Yes
Administrative costs					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
Other expenses (please specify)					<input type="checkbox"/> Yes
<b>Total Expenses (please input the total of all listed expenses)</b>					

**Estimated Revenues** - Please use the last column on the right to indicate whether each revenue source is confirmed.

Item	More Information	Year 1 Amount (\$)	Year 2 Amount (\$)	Year 3 Amount (\$)	Status
Amount requested from CFO					
Other revenue (please specify)					<input type="checkbox"/> Confirmed
Other revenue (please specify)					<input type="checkbox"/> Confirmed
Other revenue (please specify)					<input type="checkbox"/> Confirmed
Other revenue (please specify)					<input type="checkbox"/> Confirmed
Other revenue (please specify)					<input type="checkbox"/> Confirmed
Other revenue (please specify)					<input type="checkbox"/> Confirmed
<b>Total Revenues (please input the total of all listed revenues)</b>					

**In-Kind Resources** - Please list any in-kind resources that will be utilized for this project. Please indicate whether the resources are being provided by your organization or one of your partners.

Resource	Provider	Year 1 Amount (\$)	Year 2 Amount (\$)	Year 3 Amount (\$)	Status
					<input type="checkbox"/> Confirmed
					<input type="checkbox"/> Confirmed
					<input type="checkbox"/> Confirmed
					<input type="checkbox"/> Confirmed
					<input type="checkbox"/> Confirmed
<b>Total In-Kind Resources (please input the total of all listed in-kind resources)</b>					

\*(This may include salaries of staff that will work on the project, but only the proportion of time they will spend on it.)  
Please Note:  
• Total Expenses and Total Revenues must match. Please check these fields and ensure that they do.  
• When the form is complete please save it to your computer. You will be asked to add attachments, including this form, prior to submitting your online grant application.