



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*					— Yes
Fees for contracts and professional assistance required for the project					— Yes
Equipment and supplies to support the project					— Yes
Administrative costs					— Yes
Other expenses (please specify)					— Yes
Other expenses (please specify)					— Yes
Other expenses (please specify)					— Yes
Other expenses (please specify)					— Yes
Other expenses (please specify)					— Yes
Other expenses (please specify)					— Yes
Total Expenses (please input the total of all listed expenses)					

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)					Confirmed
Other revenue (please specify)					Confirmed
Other revenue (please specify)					Confirmed
Other revenue (please specify)					Confirmed
Other revenue (please specify)					Confirmed
Other revenue (please specify)					Confirmed
Total Revenues (please input the total of all listed revenues)					

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
					— Confirmed
					— Confirmed
					— Confirmed
					— Confirmed
					— Confirmed
Total In-Kind Resources (please input the total of all listed in-kind resources)					

*(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.