

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 item(s) an OCF grant would be used to cover.

Item	More Information	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
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	Amount (\$)	Status
Amount requested from OCF			
Earned revenue (please specify)			Confirmed

All other revenues (e.g. government funding, non-government grants, membership revenue, fundraising, etc.)

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 used for this project. Please indicate whether the resources are being provided by your organization or one of your partners.

Resource	Provider	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.