Transforming Communities Grant Budget Template

Organization Name:

Project Name:

Requested grant amount (max $20,000) $0.00

Other sources of anticipated income	Total	Description/Notes
**Please list all sources of income for this project (ie. other grants, program revenue, congregational cash, in-kind contributions, etc. Add lines as necessary.)		
Congregational cash contribution	$0.00	confirmed or pending?
Source B: Add name	$0.00	confirmed or pending?
Source C: Add name	$0.00	confirmed or pending?
Source D: Add name	$0.00	confirmed or pending?
Source of in-kind contribution (donated goods or services): Add name	$0.00	explain how you estimated this value, & create matching In-Kind Expense below
Total Other Contributions	$0.00	
Total Income =	**$0.00**	Requested Communities of Care Grant Amount + Total Other Anticipated Income

Project Expenses	From Other Sources Above	Requested from Comm. Of Care	Combined Total	Expense item description (optional). If there are any further details worth sharing about planned expenses, please outline here
Expense Item A	$0.00	$0.00	$0.00	
Expense Item B	$0.00	$0.00	$0.00	
Expense Item C	$0.00	$0.00	$0.00	
Expense Item D	$0.00	$0.00	$0.00	
Expense Item E	$0.00	$0.00	$0.00	
Expense Item F	$0.00	$0.00	$0.00	
Expense Item G	$0.00	$0.00	$0.00	
In-Kind Expense Item H	$0.00		$0.00	must equal In-Kind Income above
		Total Expenses =	**$0.00**	
	Net Income =		**$0.00**	In other words, your project's 'total income' must equal your expected 'total expenses'.

**Net income must be $0.00.