

Organization's

Name: _____

Please complete the budget below. It must be typed and accurate. Please round all dollars to the nearest whole dollar (do not include cents). Total expenses must equal total revenue. Attach a budget itemization to provide further project detail.

PROJECT INCOME	CASH	IN-KIND	
EARNED INCOME:			
Line 1 Total Earned Income			
UNEARNED INCOME:			
Line 2 Total Private Support (Corp, Fndn., Indiv.)			
Line 3 Total non-COL Public Support (All Gov't. Grants)			
Line 4 Total Other Unearned Income			
Line 5 Applicant Cash			
Line 6 TOTAL UNEARNED INCOME (Add Lines 2+3+4+5)			
Line 7 TOTAL CASH INCOME (Add Line 1 + Line 6)			
Line 8 COL GRANT REQUESTED/RECEIVED (must equal line 17)			
Line 9 TOTAL IN-KIND SUPPORT (Must equal Line 16)			
Line 10 TOTAL PROJECT INCOME (Add Lines 7+ 8 + 9) <i>Must equal Line 20 – total project expense</i>			

PROJECT EXPENSES	a. CASH	b. IN-KIND	c. COL grant Req/Rec'd	d. PRIVATE	e. PUBLIC non-COL	LINE ITEM TOTALS (a+b+c+d+e)
Line 11 Total Employee Costs						
Line 12 Total Non-Employee Costs						
Line 13 Marketing and Promotion						
Line 14 Total Other Expenses						
Line 15 TOTAL CASH EXPENSES (Must equal Line 1 + Line 4 + Line 5)		↓				
Line 16 TOTAL IN-KIND EXPENSES (Must equal Line 9)			↓	↓		
Line 17 TOTAL CITY OF LANSING EXPENSES (Must equal Line 8 of your grant request)					↓	
Line 18 TOTAL PRIVATE SUPPORT (Must equal Line 2)						↓
Line 19 TOTAL non-COL PUBLIC SUPPORT (Must equal Line 3)						
Line 20 TOTAL PROJECT EXPENSES (Add Line Item Totals a-e) <i>Must equal Line 10 –total project income</i>						