

**INSTRUCTIONS:** Please review before completing the **Project Budget** worksheet on the next tab.

Please fill in your organization's name and project name.

Please provide information on the revenue sources for the total grant project budget.

- Assume a \$112,000 Impact Award will be available as a pending source of funds for this project.
- Additional lines may be inserted if necessary.

Please list the expenses outlined for this project in the Project Expenses section.

- Identify the total project expenses by expense category with amounts in the "Project Total" column.
- Identify the portion of the project expenses to be funded with an Impact Grant in the "Allocated to Impact 100 Jersey Coast" column. This column total must equal \$112,000.
- Use the "Notes" area to add additional commentary
- Additional lines may be inserted if necessary.

Save the completed version of this document to your pc as ***your organization's name*** Project Budget.

Upload your Project Budget saved file into the online application.

***Questions? Please send an email to [grants@impact100jerseycoast.org](mailto:grants@impact100jerseycoast.org)***

PREVIEW ONLY



**IMPACT 100 JERSEY COAST  
2018 GRANT CYCLE**

**PROPOSED PROJECT BUDGET FOR:**

ORGANIZATION NAME

PROJECT NAME

PROJECT BUDGET PERIOD

|  |
|--|
|  |
|  |
|  |

| SUMMARY OF SOURCE OF FUNDS | <u>Committed</u> | <u>Pending</u> | <u>Total</u> |
|----------------------------|------------------|----------------|--------------|
|                            | \$ -             | \$ 112,000     | \$ 112,000   |

  

| SUMMARY OF PROJECT EXPENSES                    | <u>Project Total</u> | <u>As a % of Project Total</u> | <u>Allocated to IMPACT 100 JERSEY COAST *</u> | <u>As a % of Allocated Total</u> |
|--|----------------------|--------------------------------|---|----------------------------------|
| Personnel (existing staff & incremental hires) | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Facilities                                     | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Supplies/Services                              | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Transportation                                 | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Technology                                     | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Other  | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| Organizational Operational Costs**             | -                    | #DIV/0!                        | -   | #DIV/0!                          |
| <b>TOTALS</b>                                  | <u>\$ -</u>          | <u>#DIV/0!</u>                 | <u>\$ -</u>                                   | <u>#DIV/0!</u>                   |
| <i>check</i>                                   | -                    | #DIV/0!                        | -   | #DIV/0!                          |

PREVIEW ONLY