

**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 \$110,000 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 \$110,000.
- 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)***

**IMPACT 100 JERSEY COAST  
2019 GRANT CYCLE**

**PROPOSED PROJECT BUDGET FOR:**

ORGANIZATION NAME  
PROJECT NAME  
PROJECT BUDGET PERIOD


**SOURCE OF FUNDS TO SUPPORT PROJECT**

	Committed	Pending	Total	Notes
Impact 100 Jersey Coast Request	\$ -	\$ 110,000	\$ 110,000	
Requested from other funders (pending and committed)				
<i>enter specific names/pending dates if applicable</i>			-	
			-	
			-	
Organization contribution			-	
In-kind contributions			-	
Other sources			-	
<i>enter specific names/pending dates if applicable</i>			-	
			-	
<b>TOTAL ALL SOURCES</b>	<b>\$ -</b>	<b>\$ 110,000</b>	<b>\$ 110,000</b>	

**PROJECT EXPENSES**

	Project Total	Allocated to IMPACT 100 JERSEY COAST *	Notes
Personnel (existing staff & incremental hires)			
<i>- list each person including % of time spent on program -</i>			
Facilities			
<i>- enter specific expense -</i>			
Supplies/Services			
<i>- enter specific expense -</i>			
Transportation			
<i>- enter specific expense -</i>			
Technology			
<i>- enter specific expense -</i>			
Other			
<i>- enter specific expense -</i>			
Organizational Operational Costs**			
<b>TOTAL PROJECT EXPENSES &amp; ALLOCATIONS TO IMPACT 100 JERSEY COAST</b>	<b>\$ -</b>	<b>\$ -</b>	

\* Please use this column to show the allocation of Impact 100 grant funds. **TOTAL MUST EQUAL \$110,000**. (Column F will be identical to Column H if the total project budget is exactly \$110,000.)

**IMPACT 100 JERSEY COAST  
2019 GRANT CYCLE**

**PROPOSED PROJECT BUDGET FOR:**

ORGANIZATION NAME  
PROJECT NAME  
PROJECT BUDGET PERIOD


\*\*Organizational operational costs include rent, utilities, etc. that are allocated to the project but are also part of the normal operating budget and will be incurred whether or not the project goes forward.

	<u>Committed</u>	<u>Pending</u>	<u>Total</u>	
<b>SUMMARY OF SOURCE OF FUNDS</b>	\$ -	\$ 110,000	\$ 110,000	
<b>SUMMARY OF PROJECT EXPENSES</b>				
	<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