**Project Budget**

A. Organizational Fiscal Year:

B. Time period this budget covers:

C. Expenses: Fill in only those line items that are relevant to the project

|  |  |  |
| --- | --- | --- |
|   | Amount requested from this grant | Total project expenses |
| Salaries |   |   |
| Supplies |   |   |
| Printing and copying |   |   |
| Rent & Utilities |   |   |
| Evaluation |   |   |
| Marketing |   |   |
| Meeting costs |   |   |
| Other (please specify) |   |   |
| **Total** |   |   |

D. Revenue: Please list all other sources of revenue/income for this project and whether the funds are already committed or pending.

**Questions**

1. If the total project budget is greater than the amount requested, from what sources will the other necessary funds be obtained, and what funds have been raised to date?
2. What financial resources will be available for the continuation of this project after the grant from TGI has ended?