Basic Human Needs Grant Program Budget Form

Episcopal Charities
A Commitment to Caring

Name of Program: _____

NOTE: If "Next Fiscal Year" begins 7/1/19 or later, it is not necessary to complete Column D.

		Column A	Column B	Column C	Column D
Row		Actual for Past Fiscal Year	Budget for Current Fiscal Year	Actual for Current Fiscal Year to Date	Budget for Next Fiscal Year
1	**Begins on Date (mm/dd/yy):**				
2	**Ends on Date(mm/dd/yy):**				
3	**PROGRAM INCOME**				
4	Endowment				
5	Government Funds, incl. HPNAP OSP**				
6	Episcopal Charities Grant				
7	Other Grants**				
8	Individuals				
9	Sponsoring Parish (cash outlay only)				
10	Government food program credits, HPNAP only**				
11	Tuition/Fees **				
12	Other**				
13	***TOTAL PROGRAM INCOME***	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**
14	**PROGRAM EXPENSES**				
15	Staff - Salary and Benefits**				
16	Food - cash only				
17	Food - government food program credits / HPNAP				
18	Tuition Assistance/ Scholarships				
19	Transportation**				
20	Supplies**				
21	Rent				
22	Utilities				
23	Insurance (related to program)				
24	Maintenance				
25	Marketing & Communications				
26	Other**				
27	***TOTAL PROGRAM EXPENSES***	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**
28	***Net Surplus or (Deficit)***	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**

****Describe on following pages if line item is $500 or more.**

Budget Explanation - Income

For the items listed below, describe if line item is $500 or more. All fields allow a maximum of 900 characters including spaces.

Government Funds - other than feeding program food credits

Grants - list significant grants related to submitted budget (other than Episcopal Charities and Government funds):

Government Food Program Credits:

Tuition and fees (please indicate amount collected per client, frequency of collection):

Other income:

Budget Explanation - Expenses

For the items listed below, describe if line item is $500 or more.

Staff, including salary and benefits (please list positions):

Supplies (please describe):

Transportation (please describe):

Other expenses (please describe):

Budget Explanation, continued:

If any individual line item in budget columns B or D shows a decrease or increase of 25% or greater from the previous fiscal year actuals, please explain:

If a deficit is projected for the current or coming fiscal year, please explain how you intend to balance the budget:

Other Notes: You are welcome to provide any additional financial information that you believe will be helpful:

In Kind Gifts (optional): Please describe any in-kind gifts received, including USDA food, that have a substantial impact on your budget. Consider the value of volunteer labor, value of food donated, value of space donated, value of supplies donated, etc.