(YOUR ORGANIZATION NAME)
Line Item PROGRAM Project Budget Worksheet

Sources of Support	Name of Foundation	Other Sources	Total Budget
Foundations:			-
Government:			-
Corporate:			-
Private Donations:			-
***In-Kind Services/Sources:**			-
Other (describe):			-
_____:			-
_____:			-
***Indicate only in-kind services/support that are fully committed for the purpose of this project.**			
Total Project Resources	$ -	$ -	$ -

Project Budget			
DIRECT Project Costs:			
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
TOTAL:	$ -	$ -	$ -
INDIRECT Project Costs:			
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
TOTAL:	$ -	$ -	$ -
EQUIPMENT/MATERIALS Costs:			
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
_____:			-
TOTAL:	$ -	$ -	$ -
Total Project Expenses (Must Balance to Total Project Resources)	$ -	$ -	$ -