

## Lindy Infante Foundation Project Budget

Organization Name: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ (m/d/yyyy)      Project End Date: \_\_\_\_\_ (m/d/yyyy)

PROJECT REVENUE	Anticipated/ Requested	Committed	Total
<b>Contributed Income</b>			
Local Government*	_____	_____	_____
State Government*	_____	_____	_____
Federal Government*	_____	_____	_____
<b>Lindy Infante Foundation</b>	_____	_____	_____
United Way Contributions	_____	_____	_____
Other Foundations* Corporations*	_____	_____	_____
Board/Individual Contributions	_____	_____	_____
Other*	_____	_____	_____
<b>Earned Income</b>			
Client Fees	_____	_____	_____
Membership Dues	_____	_____	_____
Contract Services*	_____	_____	_____
Publications and Products	_____	_____	_____
Ticket Sales	_____	_____	_____
Organization Income	_____	_____	_____
Other*	_____	_____	_____
<b>Total Project Revenue</b>	_____	_____	_____

PROJECT EXPENSES	Lindy Infante Foundation Request	To Be Covered by Other Sources	Total
<b>Personnel Expenses</b>			
Salaries and Wages	_____	_____	_____
Employee Benefits and Taxes	_____	_____	_____
<b>Non-Personnel Expenses</b>			
Contract Services/Professional Fees	_____	_____	_____
Office Space	_____	_____	_____
Equipment/Supplies	_____	_____	_____
Staff/Board Development	_____	_____	_____
Travel/Related Expenses	_____	_____	_____
Indirect Costs*	_____	_____	_____
Other*	_____	_____	_____
<b>Total Project Expenses</b>	_____	_____	_____
<b>Excess (Deficiency)*</b>	_____	_____	_____

*\*Please list and explain in Budget Narrative on page 2 of this form. If expenses exceed revenues/support, please explain how differences will be offset.*



# Lindy Infante Foundation

## Project Budget Narrative

Organization Name: \_\_\_\_\_

*Your complete response must be visible in this space.*

Narrative: