

Annual Grant Budget Form

Nonprofit Organization Name

Enter organization name

Project Title

Enter project title

Grant Period

e.g. Jan 2024 - Dec 2024

Prepared by

Name

Date

MM/DD/YYYY

Budget Summary

Budget Category	Grant Funds Requested	Other Funding	Total
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Other			
Total			

Budget Justification

Provide explanation for each line item and how the funds will be used...

Authorized Signature

Name & Title

Name & Title

Date

MM/DD/YYYY