

# Nonprofit Program Grant Budget Planner

## Project Information

Organization Name
Program/Project Title
Contact Person
Grant Period

## Estimated Income

Source	Amount (\$)
Grant Requested	
Matching Funds	
Other Income	
Total Income	

## Estimated Expenses

Category	Requested from Grant (\$)	Other Income (\$)	Total Expense (\$)
Personnel			
Supplies/Materials			
Equipment			
Travel			
Other			
Total Expenses			

## Budget Notes & Assumptions

Add any relevant budget explanations, notes, or assumptions here.

Authorized Signature

Date