

Project Request Budget

Akron Bar Foundation | 57 S. Broadway St., Akron, OH 44308 | www.akronbar.org | (330) 436-0103

Name of Applicant Organization: _____

Name of Program or Project for which funds are being sought:

Project Time Period: _____ to _____

REVENUE/SUPPORT

Corporate Grants	\$ _____
Foundation Grants	\$ _____
Government Grants/Contracts/Per Diem (describe):	\$ _____

Contributions	\$ _____
Affiliate Orgs./Non-Government Contracts (describe):	\$ _____

Federated Campaigns (describe):	\$ _____
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Membership Dues	\$ _____
Special Events, Fundraisers	\$ _____
Sponsorships	\$ _____
Admissions	\$ _____
Sales, Rent	\$ _____
Revenue, Tuition	\$ _____
Endowment Funds	\$ _____
Interest, Dividends, Non-Endowment Investments	\$ _____
Other (describe if more than 20% of total revenues):	\$ _____

Total Revenue/Support:	\$ _____
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EXPENSES

Salaries	\$ _____
Employee Benefits, Taxes	\$ _____
Affiliate Orgs. or Contracts (describe):	\$ _____

Professional Fees	\$ _____
Equipment, Supplies, Materials	\$ _____
Telephone, Utilities	\$ _____
Postage, Mailing	\$ _____
Occupancy	\$ _____
Insurance	\$ _____
Training, Staff Development	\$ _____
Travel	\$ _____
Conferences	\$ _____
Evaluations	\$ _____
Other (describe if more than 20% of total expenses):	\$ _____

Total Expenses:	\$ _____
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Total Revenue/Support Less Total Expenses:	\$ _____
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If expenses exceed revenues by 10% or more, please explain how the difference will be offset. Also, attach narrative if you have expenses, revenues or a deficit that requires more information or if you believe additional explanation is warranted.