**2024-2025 CSSG Proposed Budget and Justification Form**

**Applicant:** Click or tap here to enter text.

Please include total amounts for the program in the center column, “Total Program.” List the amounts pertaining to this grant in the third column, “Grant Request.”

|  |  |  |
| --- | --- | --- |
| **Revenue** | **Total Program** | **Grant Request** |
| Organizational budget |  |  |
| Grants |  |  |
| Donations |  |  |
| Sponsorships |  |  |
| Fees for services |  |  |
| Fundraisers, events, sales |  |  |
| Endowment |  |  |
| Interest income |  |  |
| Other |  |  |
| **Total** | $ - | $ - |
|  |  |  |
| **Expenses** | **Total Program** | **Grant Request** |
| Staff salaries and wages |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Occupancy and utilities |  |  |
|  |  |  |
|  |  |  |
| Equipment |  |  |
| Supplies and Materials |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Printing and copying |  |  |
| Telecommunications |  |  |
| Travel and Transportation |  |  |
| Marketing and advertising |  |  |
| Staff and volunteer training |  |  |
| Contract services |  |  |
| Miscellaneous |  |  |
|  |  |  |
| **Total** | $ - | $ - |