

E. Planned Budget – Expenses and In-Kind Contributions

Must be based on Section II, H. of your Fiscal Year 2019 SFCA Proposal. See instructions for definitions.

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	=	Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but not in cash)
a. Administrative							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
b. Artistic/Professional							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
c. Technical/Production							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____

2. Outside (Non-Employee) Fees and Services

a. Artistic/Professional							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
b. Other							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____

3. Other Expenses

a. Space Rental							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
b. Travel							
Transportation							
No. of Persons:	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
Per Diem							
No. of Persons:	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
c. Marketing (Promotion)							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
d. Remaining Operating Expenses							
Supplies and Materials							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
Other Expenses							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____

Totals \$ _____ \$ _____ \$ _____

F. Planned Budget – Revenue

Must be based on Section II, H. of your Fiscal Year 2019 SFCA Proposal. See instructions for definitions.

1. Fees Collected

a. Admissions and Fees

				Cash Revenue
_____ persons	x	\$ _____	per _____	\$ _____
_____ persons	x	\$ _____	per _____	\$ _____
_____ persons	x	\$ _____	per _____	\$ _____
_____ persons	x	\$ _____	per _____	\$ _____

b. Contracted Services

_____	_____
_____	_____
_____	_____

2. Private Corporate or Foundation Support

_____	_____
_____	_____
_____	_____

Other Private Contributions

_____	_____
_____	_____
_____	_____

3. Federal Grants or Awards

_____	_____
_____	_____
_____	_____

4. State/Regional/County Support (list individually)

_____	_____
_____	_____
_____	_____

5. Other Revenue

_____	_____
_____	_____
_____	_____

6. Applicant Cash (including trust funds)

_____	_____
_____	_____
_____	_____

Subtotal	_____
SFCA Funds for this project	_____
Total Cash Revenue	_____

Certification. The information contained in this proposal is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on terms, conditions, and specifications set forth in the original proposal .

Signature _____ Date _____

Name (print or type) _____ Title _____

Telephone (bus.) _____ (res.) _____

1. List activities and target population to be served.

2. List estimated number of individuals participating in project activities. _____

3. List estimated number of youth participating in project activities. _____

4. Does your project/program provide educational programming in the arts? Yes___ No___

5. Does your project/program encourage keeping families together and/or contributing toward the self reliance of needy families? Yes___ No___

Description: