

BUDGET FOR ORGANIZATIONS FORM 5-B

Neatly handwrite or type. Fill in all questions and fields. Round to nearest dollar.

Name _____ Federal Tax ID # _____

Check one of the following boxes: (Public Art & Cultural Facilities suspended. Check agency Web site.)

QUICKFUND\$ PUBLIC ART CULTURAL FACILITIES

List expenses and income that directly relates to the cost of the project described in this application. Refer to the *Glossary* for an explanation of terms. (You may add one page for itemizations.)

Identify which income sources are pending.

EXPENSES	INCOME
Staff (include salary and benefits) \$ _____	Admissions/Ticket Sales \$ _____
Outside Fees and Services \$ _____	Contracted Services \$ _____
Production \$ _____	Government Support \$ _____ (Identify source) _____
Travel \$ _____	Other Revenue \$ _____ (grants, contributions, memberships, subscriptions, etc.) Identify source: _____
Remaining Operating Expenses \$ _____	Applicant Cash \$ _____
Space/Facility Rental \$ _____	Grant Amount Requested \$ _____ (1:1 match required, see page 28)
Marketing/Promotion \$ _____	In-kind Contributions \$ _____ (Complete Supplement A, page 41) In-kind can be used only for QuickFund\$ and Feasibility Studies.
Capital Expenditures \$ _____ (See <i>Glossary</i> , page 60) Capital Expenditures can be used only for Cultural Facilities (itemize). _____ _____ _____	
TOTAL CASH EXPENSES \$ _____	TOTAL INCOME \$ _____

INCOME MUST EQUAL EXPENSES

Total Annual Budget of Organization \$ _____