

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	\$ _____
Capital Expenditures (See <i>Glossary</i> , page 60) Capital Expenditures can be used only for Cultural Facilities (itemize).	\$ _____ _____ _____	(Complete Supplement A, page 41) In-kind can be used only for QuickFund\$ and Feasibility Studies.	
TOTAL CASH EXPENSES	\$ _____	TOTAL INCOME	\$ _____

INCOME MUST EQUAL EXPENSES

Total Annual Budget of Organization \$ _____