**2025 KEIRO GRANT APPLICATION**

**PROJECT BUDGET WORKSHEET**

*Please complete this project budget worksheet, as part of your grant application. If your organization uses a different project budget format, you may also submit it as an attachment to this worksheet.*

**Name of Applicant Organization:** Click or tap here to enter text.

**Program/Project Title:** Click or tap here to enter text.

1. **PROGRAM COSTS**

*Only complete the line items that are relevant to your proposed program/project. You may add additional lines, if needed.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quantity/**  **Frequency** | **Per Unit or Person Cost** | **Total** |
| Program/Activity: Materials & Supplies |  |  |  |
| Office Supplies |  |  |  |
| Printing/Marketing |  |  |  |
| Postage |  |  |  |
| Small/Minor Equipment |  |  |  |
| Facility/Room Rental |  |  |  |
| Insurance |  |  |  |
| Instructor(s)/Speaker(s) |  |  |  |
| Subscription(s): Please specify  Click or tap here to enter text. |  |  |  |
| Meal Program – Purchased Meals |  |  |  |
| Meal Program – Prepared Meals (ingredients) |  |  |  |
| Meal Program – Paper goods, supplies, packaging |  |  |  |
| Transportation – Meal Delivery |  |  |  |
| Transportation – Trip/Excursion |  |  |  |
| Trip/Excursion – Other Expense |  |  |  |
| Special Event/Gathering (please specify)  Click or tap here to enter text. |  |  |  |
| Other (please specify)  Click or tap here to enter text. |  |  |  |
| Other (please specify)  Click or tap here to enter text. |  |  |  |
| Other (please specify)  Click or tap here to enter text. |  |  |  |
| Other (please specify)  Click or tap here to enter text. |  |  |  |
| Other (please specify)  Click or tap here to enter text. |  |  |  |
|  |  | **SUBTOTAL:** |  |

1. **PERSONNEL/STAFFING COSTS:**

*Only complete this section if you are requesting grant funding for personnel/staffing costs.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current**  **√** | **To Be Hired**  **√** | **Position** | **FT/PT** | **FTE for this program**  **(1 FTE = 40 hr/wk)** | **Salary Expense** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **SUBTOTAL:** |  |

1. **REVENUE/SUPPORT**

*Only complete this section if you are not requesting grant funding support for the full cost of your program/project. Only complete the line items that would support or are currently supporting/offsetting the program/project cost. Definitions are listed below.*

|  |  |
| --- | --- |
|  | **Revenue:** |
| Participant Fees |  |
| Membership Dues |  |
| Monetary Donations |  |
| In Kind Donation |  |
| Organization Funding |  |
| Other Source (please specify)  Click or tap here to enter text. |  |
| **SUBTOTAL:** |  |

Definitions for Section III, Revenue/Support

* Participant fees: Can include but are not limited to: program fees (for classes, activities, field trips, etc.), meal fees, and transportation fees, paid by the participant. Only include participant fees that would support and/or are currently supporting the proposed program/project cost.
* Membership dues: Recurring payment that individuals make to become and remain a part of a specific organization, group, or club. Only include the portion of the membership dues that would support and/or are currently supporting the proposed program/project cost.
* Monetary donations/in-kind donations: Donations that will specifically be used to support the proposed program/project.
* Organization funding: Funding from the organization’s operating budget that would offset or support the proposed program/project cost. This does not include donations which will be specifically used to support the program/project.

**PROGRAM/PROJECT BUDGET SUMMARY**

|  |  |
| --- | --- |
|  | **Totals:** |
| Program Costs |  |
| Personnel/Staffing Costs |  |
| Revenue/Support |  |
| **Budget Total:** |  |

|  |
| --- |
| **Additional comments or explanations for the program/project budget (if applicable)** |
| Click or tap here to enter text. |