|  |
| --- |
| Detailed Project Budget Information |
|  EXPENDITURES: | Cost | Amount From COF |
| Items | Description |
| Wages/benefits |  |  |  |
| Administration (15%) |  |  |  |
| Professional Fees, Honoraria |  |  |  |
| Rent/ Utilities/ Telephone |  |  |  |
| Equipment / Supplies/Consultants (3 quotes) |  |  |  |
| Printing/Photocopying |  |  |  |
| Travel |  |  |  |
| Publicity/ Promotion/ Distribution |  |  |  |
| Production Costs (3 quotes) |  |  |  |
| Capital (specify & attach quotes) |  |  |  |
| In-kind contribution (e.g. volunteer services) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL:**  |  | \* |  |

\*The TOTALS in the boxes in bold must match.

|  |  |  |  |
| --- | --- | --- | --- |
| REVENUE:Sources of Revenue | Assured | Potential | Total |
| GOVERNMENT: (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| FOUNDATION: (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ORGANIZATIONS CONTRIBUTION* Cash
 |  |  |  |
| * In-kind gifts
 |  |  |  |
| * Volunteer Services
 |  |  |  |
| OTHER: (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** |  |  | \* |