



APPENDIX C Question #13 LFNS PROJECT BUDGET FORM*

<Insert Name of Applicant Group>

version June 2019

**please attach additional information/comments on a separate sheet*

	1. Project to date Apr 1, 2019 - Aug 31, 2019	2. Project to year end Apr 1, 2019 - Mar 31, 2020	3. Proposed Project Budget April 1, 2020-Mar 31, 2021
REVENUE returning applicants columns 1-3 NEW project applicants only fill in column 3			
Grant Amount Requested from LFNS			
Other Funding (Please Indicate Sources)			
Other Revenue (Please Indicate Type)			
Total Revenue	\$0	\$0	\$0
EXPENSES			
Salaries			
Benefits			
Other (name)			
Sub-total	\$0	\$0	\$0
Contracts			
Honoraria			
Sub-total	\$0	\$0	\$0
Premises			
Equipment			
Insurance			
Other (name)			
Other (name)			
Sub-total	\$0	\$0	\$0
Supplies			
Printing			
Telephone			
Postage			
Advertising			
Travel			
Board Expenses			
Staff Development			
Professional Fees			
Other (name)			
Other (name)			
Other (name)			
Sub-total	\$0	\$0	\$0
Total Expenses	\$0	\$0	\$0