



APPENDIX C Question #13 LFNS PROJECT BUDGET FORM*

<Insert Name of Applicant Group>

version September 2026

*please attach additional information/comments on a separate sheet

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

1. Project to date

Apr 1, 2026 -
Aug 31, 2026

2. Projected to year end

Apr 1, 2026 -
Mar 31, 2027

3. Proposed Project Budget

April 1, 2027 - Mar 31, 2028

\$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