

PROGRAM BUDGET

Agency/Program Name:

	'15 Actual	'16 Actual	'17 Budget	'17 Admin	DETAIL
Income:					
Pay It Forward			**		**Should equal amt requested
Marion United Way					
Other United Ways*					
Special Events*					
Contributions					
Purchase of Service Contracts*					
Grants*					
Membership Drives					
Program Fees					
Sales of Books, Goods, Materials					
Interest - Restricted					
Interest - Unrestricted					
Other					
Prior Year Carryover					
TOTAL INCOME	0	0	0	0	
Expenses:					
Payroll					
Payroll Taxes & Benefits					
Total Payroll & Benefits	0	0	0	0	
Consultant/Professional Fees *					
Cost of Books, Goods, Materials Sold					
Dues to National Organization					
Equipment Rental/Purchase *					
Maintenance & Repairs					
Office Supplies					
Insurance - Liability					
Insurance - Professional					
Postage					
Printing					
Rent					
Travel, Conferences					
Utilities					
Other -					
TOTAL EXPENSES	0	0	0	0	
Net Surplus/Deficit	0	0	0	0	
* provide detail					Admin. costs may not exceed 10% of total program expenses.

VOLUME AND UNIT COST

Total number of unduplicated program participants: _____

Unit cost is \$ _____ (Total program cost divided by total number of program participants)