

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)