

MANDATORY PROGRAM BUDGET FORM

Name of organization:

Name of Program:

Date Program will begin: _____ Date Program will end _____

(Parole funding will begin (07/01/2017)

	Program Line Item (Your line items May be different)	Program Line Calculations	Total Program Expenses	Amount Requested From Parole Rotary	Non-Parole Rotary Funding Amount From Other Sources	Name of Sources
A.	Personnel (that position titles below)	Hours Per week	Hourly Rate			
	Sub-total personnel					
B.	Program Expenses*					
	Sub-total Program Expenses					
C.	Total Cost (A+B)					

*Program Expenses examples: Professional fees, travel, equipment, supplies, printing, rental fees, other.

REQUIRED SUPPORTING DOCUMENTATION

Please attach an additional page to describe the following information about your budget:

1. **Describe specific details for each program expense.**
2. **Describe sources of non-Parole funding** – List funders and amounts requested, Indicate status of each request (committed: Requested: or Identified) and anticipated decision date, if known.
3. **In-kind Support** – List type of support, e.g. volunteers, organization (if applicable), and description of support, e.g., goods or services and approximate value, if known.