

**UNITED WAY OF NORTHWEST FLORIDA  
COMMUNITY IMPACT FUND  
2018 GRANT APPLICATION  
PART 2: PROGRAM BUDGET DETAILS**

**Agency Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**County Program Serves:** \_\_\_\_\_

**Requested for this County: \$** \_\_\_\_\_

(NOTE: Please round to nearest whole dollar)

**SUPPORT & REVENUE**

	<b>Program Actual <u>2017</u></b>	<b>Program Budget <u>2018</u></b>
Excess (Deficit) Carry Forward	_____	_____
Grant Funding from United Way of Northwest Florida	_____	_____
Designations from United Way of Northwest Florida	_____	_____
Contributions	_____	_____
In-Kind Contributions	_____	_____
Special Events/Fundraisers	_____	_____
Legacies & Bequests (Unrestricted)	_____	_____
Funding by Other United Ways	_____	_____
Fees & Grants From Government Agencies	_____	_____
Membership Dues	_____	_____
Program Service Fees & Net Incidental Income	_____	_____
Sales of Materials and/or Products	_____	_____
Investment Income	_____	_____
Miscellaneous Revenue	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<b>TOTAL SUPPORT &amp; REVENUE</b>	<b>\$ -</b>	<b>\$ -</b>

**EXPENSES**

Salaries	_____	_____
Employee Benefits & Payroll Taxes	_____	_____
Professional Fees	_____	_____
Supplies	_____	_____
Telephone	_____	_____
Postage & Shipping	_____	_____
Occupancy	_____	_____
Rental & Maintenance Equipment	_____	_____
Printing & Publication	_____	_____
Travel	_____	_____
Conferences & Meetings	_____	_____
Special Assistance to Individuals	_____	_____
Membership Dues	_____	_____
Training & Development	_____	_____
Miscellaneous	_____	_____
In-Kind Expenses	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>
<b>EXCESS (DEFICIT)</b>	<b>\$ -</b>	<b>\$ -</b>