

GRANT BUDGET FORM

Moffat Family Fund

Organization:			Grant Letter Date:	
Date (mm/dd/yyyy):			DATE (mm/dd/yyyy)	DATE (mm/dd/yyyy)
Additional details may be included in Budget Notes below.	Proposed Project Budget			
REVENUES	Amount	%	Confirmed? If yes, use checkbox.	Revised Budget
The South Saskatchewan Community Foundation Current GRANT Request		%		Final Report Actuals
Government Grants				
Subtotal		%		
Other Grants				
Subtotal		%		
Fundraising				
Subtotal		%		
In-Kind				
Subtotal		%		
Other				
Subtotal		%		
TOTAL REVENUES:		%		
EXPENSES	Amount	%		Revised
Salaries/Benefits/Professional Fees				Final
Subtotal		%		
Program Costs				
Subtotal		%		
Equipment				
Subtotal		%		
Capital/Renovation Costs				
Subtotal		%		
Administration				
Subtotal		%		
Other				
Subtotal		%		
TOTAL EXPENSES:		%		
Balance				

**Revenues must equal expenses with a zero balance
 **If revenue is confirmed, make sure and use the checkbox
 **Receipts demonstrating the full use of the Moffat grant, as approved, will be a condition of the required Final Grant Report

BUDGET NOTES: