|  |  |  |
| --- | --- | --- |
| **Project Budget:** Provide a specific description for the expense line item intended for Barrier Buster funds. Be sure to upload a minimum of 1 price quote for purchases over $500. | | |
| **Prepare the project budget using the template below.**  **Budget Time Period:** October 18, 2019 through January 15, 2020 | | |
| **CATEGORY** | | **AMOUNT** |
| REVENUE | | $ |
|  | Out 2 Learn Barrier Buster Grant |  |
|  | Government Funding | $ |
|  | Other donations/grants (corporations, foundations, individuals, etc.) | $ |
|  | Client Fees | $ |
|  | Other funding | $ |
|  | TOTAL REVENUE | $ |
|  |  |  |
| EXPENSES | |  |
|  | Salaries and Related Expenses | $ |
|  | Professional Fees/Contract Services | $ |
|  | Program-Related Expenses | $ |
|  | Assistance to Individuals | $ |
|  | All Other Expenses | $ |
|  | TOTAL EXPENSES | $ |
|  |  |  |
|  |  |  |