Directions: Please fill in the yellow boxes below with the correct information. Please note that this is the budget information for the program or project, not the entire organization. The sums will calculate automatically for you, both across the rows and down the columns. The Notes/Explanation column is essentially the budget narrative; please include the level of detail you feel is necessary for the reviewers to understand how your budget request supports your proposal. Itemization is fine; you do not need to write paragraphs in the Notes column! Save this document once completed, and be sure to include your organization in the file name. Then print it out and include with your application materials and attach it to an email and return to bberk@nhctf.org. The deadline for all materials is August 20, 2010.

Name of Organization						
Name of Program						
Income	**NHCTF Funds (this request)**	**Other Funds, Committed and Confirmed (must equal 25% or more of request to NHCTF)**	**Other Funds (requested or anticipated but not yet confirmed)**	**In-Kind Value (including volunteers)**	**Total**	**Notes/Explanation in lieu of a separate Budget Narrative**
Government Grants and Contracts					$0.00	
NH Children's Trust Fund					$0.00	
Other Funders					$0.00	
Program Fees and Third Party Payments					$0.00	
Individual donations/Appeals/ Events					$0.00	
In-Kind/Volunteer Time					$0.00	
Other (specify)					$0.00	
TOTAL INCOME:	**$0**	**$0**	**$0**	**$0**	**$0**	

Name of Organization						**0**
Name of Program						**0**
Program Expense 10/1/10 through 9/30/11	**NHCTF Funds (this request)**	**Other Funds, Committed and Confirmed**	**Other Funds (requested or anticipated but not yet confirmed)**	**In-Kind Value (including volunteers)**	**Total**	**Notes/Explanation in lieu of a separate Budget Narrative**
Staff Salaries					$0	
Staff Benefits					$0	
Consultant/ Contracted Support					$0	
Program Travel					$0	
Program supplies and materials					$0	
Communications expenses specifically for this program; i.e. phone, postage, printing, etc.					$0	
Staff training, conferences, professional development					$0	
Equipment					$0	
Overhead (includes pro-rated facility expenses, utilities and pro-rated administrative expenses - may not be more than 15% of request.)					$0	
Fiscal Agent Fee (if applicable)					$0	
Other Costs: (please specify in notes)					$0	

TOTAL EXPENSE:	**$0**	**$0**	**$0**	**$0**	**$0**	