



THE RAPIDES FOUNDATION

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Project Budget Worksheet

*Needs to be accompanied
by budget narrative*

	The Rapides Foundation	Other Sources ³	In-Kind Support ⁴	Total Budget
PROJECT RESOURCES:				
Foundations:	_____	_____	_____	0
Federal/State Grant:	_____	_____	_____	0
Internal Budget or Fundraising	_____	_____	_____	0
Other:	_____	_____	_____	0
	_____	_____	_____	0
TOTAL PROJECT RESOURCES	0	0	0	0
PROJECT BUDGET:¹				
<u>Personnel:</u>				0
Proposed Positions:	_____	_____	_____	0
	_____	_____	_____	0
	_____	_____	_____	0
	_____	_____	_____	0
Existing Positions:	_____	_____	_____	0
(additions/enhancements only	_____	_____	_____	0
for Foundation funding requests)	_____	_____	_____	0
	_____	_____	_____	0
Fringe (benefits/taxes)	_____	_____	_____	0
Consultants	_____	_____	_____	0
Subtotal Personnel	0	0	0	0
<u>Project Expenses:²</u>				
Printing/Publications	_____	_____	_____	0
Media Costs/Advertising	_____	_____	_____	0
Project Supplies	_____	_____	_____	0
Office Supplies	_____	_____	_____	0
Postage	_____	_____	_____	0
Utilities/Telephones	_____	_____	_____	0
Space Costs	_____	_____	_____	0
Other:	_____	_____	_____	0
	_____	_____	_____	0
Subtotal Project Expenses	0	0	0	0
<u>Capital Expenditures (over \$1,000)</u>				0
Furniture & Fixtures	_____	_____	_____	0
Project Equipment	_____	_____	_____	0
	_____	_____	_____	0
Subtotal Capital Expenditures	0	0	0	0
Other Expenses:	_____	_____	_____	0
	_____	_____	_____	0
TOTAL PROJECT EXPENSES*	0	0	0	0

1. If project exceeds one year, attach a worksheet for each individual year and a cumulative summary sheet.

2. Line items listed are a guide. Complete only the necessary items.

3. Identify individually in budget narrative. Additional sources of revenue are encouraged, but not required. Indicate only revenues that are fully committed for the purposes of this project.

4. In-kind can be estimated. Specific calculations of value of volunteer time are not required.

*Formulas are not guaranteed. Please check carefully prior to submission of budget using this form.

Organization and Name of person completing this budget: _____ / _____

Date _____