

D. BUDGET FORM , *limit 1 page*

Complete one program budget spreadsheet for each program application.

Feel free to edit categories under Revenues or Expenditures as relevant to your program or project.

PROGRAM OR PROJECT NAME: _____

OPERATING AGENCY: _____

CDBG Program Year (PY): July 1, 2022- June 30, 2023*

REVENUES	Please indicate: Secured or Projected	Revenues TOTAL
CDBG Request 2022-2023		
Other HUD Funds (please list)		
a.		
Other Federal Funds (please list)		
a.		
b.		
State/ County Funds (please list)		
a.		
b.		
City Funds		
Private Funds (Grants, Fundraising, etc, please list)		
a.		
b.		
In Kind Services		
TOTAL PROGRAM or PROJECT REVENUE		

EXPENDITURES	Expenditures CDBG	Expenditures All Other Sources	Expenditures TOTAL
Administration			
Employee Salaries			
Employee Fringe Benefits			
Professional Services/ Consultant			
Equipment			
Materials/Supplies			
Office Space (Program only)			
Construction costs			
Insurance			
Advertising & Public Information			
Other, please specify			
a.			
b.			
c.			
d.			
e.			
TOTAL PROGRAM or PROJECT EXPENSES			