



THE CLEVELAND FOUNDATION

PROJECT BUDGET

(Must be accompanied by the Project Narrative)

Name of the organization:
 Fiscal year end date:
 Project title:
 Total amount requested from The Cleveland Foundation:
 Project start and end date:

PROJECT INCOME

	Anticipated	Committed	Total	Internal Use Only
Contributed Income				
Local Government			\$0	
State Government			\$0	
Federal Government			\$0	
The Cleveland Foundation (<i>itemize below</i>)			\$0	
Other Foundations*			\$0	
Corporations*			\$0	
Board/Individual Contributions			\$0	
Other*			\$0	
Earned Income				
Client Fees			\$0	
Membership Dues			\$0	
Contract Services*			\$0	
Publications and Products			\$0	
Ticket Sales			\$0	
Organization Income			\$0	
Other*			\$0	
Total Project Income	\$0	\$0	\$0	

PROJECT EXPENSES

	Cleveland Foundation Request	Other Funding	Total	Internal Use Only
Personnel Expenses				
Salaries and Wages*			\$0	
Fringe Benefits			\$0	
Non-Personnel Expenses				
Contract Services/Professional Fees*			\$0	
Office Space			\$0	
Equipment/Supplies			\$0	
Staff/Board Development			\$0	
Travel/Related Expenses			\$0	
Indirect Costs*			\$0	
Other*			\$0	
Total Project Expenses	\$0	\$0	\$0	
Excess (Deficiency)*			\$0	

* please list or explain in narrative

Contact person:
 Phone number:
 E-mail: