FY2009
Universal Project Budget Form

Name of Grant Program: **CHOOSE A GRANT TITLE:**

Project Expenses

PERSONNEL

Administrative _____

Artistic Payments _____

Technical/Production _____

OUTSIDE FEES & SERVICES

Administrative _____

Artistic _____

Technical/Production _____

SPACE/VENUE RENTAL _____

TRAVEL

Transportation _____

Per Diem _____

MARKETING/PROMOTION

Printing _____

Advertising _____

OPERATING EXPENSES

Materials and Supplies _____

Postage _____

Telephone _____

Equipment[1] _____

Total Other *(itemize in narrative)* _____

TOTAL PROJECT EXPENSES $0.00

Income/Revenue

INCOME STREAMS

Admissions/Sales _____

Other Earned Income _____

Applicant Cash _____

CONTRIBUTED INCOME

Corporate Support _____

Foundation Support _____

Other Private Support _____

In-Kind Support _____

GOVERNMENT SUPPORT

Federal _____

District, non DCCAH funds _____

GRANT AMOUNT REQUESTED[2] _____

TOTAL INCOME/REVENUE[1] $0.00

Total Project Expenses MUST MATCH Total Income/Revenue

1 Use of grant funds to purchase equipment of $500 or more per unit, with life expectancy of more than two years is not permissible.
2 The maximum amount allowable for this grant is indicated in the Grant Guidelines.