

2019
City of Loveland
Human Services Grant Proposal
Agency Budget

Agency Name:

22. What is the estimated Agency budget for all services and all locations?

Enter information into ALL yellow areas. Indicate confirmed amounts. Indicate which expenses will be paid using City grant funds in the last column under expenses.

Total Agency Budget

Agency Revenue

Source	Amount	% of Total Budget planned amount	Confirmed amount to date	% of Total Budget confirmed amount
Federal Grants		#DIV/0!		#DIV/0!
State Grants		#DIV/0!		#DIV/0!
City of Loveland		#DIV/0!		#DIV/0!
Foundations		#DIV/0!		#DIV/0!
Donations		#DIV/0!		#DIV/0!
Fundraising		#DIV/0!		#DIV/0!
United Way		#DIV/0!		#DIV/0!
Client Fees		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
Total Agency Revenue:	0	#DIV/0!	0	#DIV/0!

Agency Expenses

Expense Category	Amount	% of Total Budget	Amount to be paid with City grant \$	% of Total Budget paid by city grant
Salaries & Benefits		#DIV/0!		#DIV/0!
Program Supplies		#DIV/0!		#DIV/0!
Rent/mortgage/utilities		#DIV/0!		#DIV/0!
Professional Fees		#DIV/0!		#DIV/0!
Transportation		#DIV/0!		#DIV/0!
Travel		#DIV/0!		#DIV/0!
Training		#DIV/0!		#DIV/0!
Volunteer Recognition		#DIV/0!		#DIV/0!
Fundraising		#DIV/0!		#DIV/0!
Marketing		#DIV/0!		#DIV/0!
*Other (please explain)		#DIV/0!		#DIV/0!
*Other (please explain)		#DIV/0!		#DIV/0!
Total Agency Expense:	0	#DIV/0!	0	#DIV/0!

*If the agency budget includes expense line items or revenue sources not listed on the application, use the "other" lines to include those amounts. Change "other" to the correct term or name.

Please do not list depreciation as an expense. Only list in-kind donations if agency would have to pay for the item if it weren't donated.