



## Proposal Cover Sheet

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary contact for this grant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Specific Purpose for which grant funds are requested:**

**Dates of project:** \_\_\_\_\_

**Total cost of the project: \$** \_\_\_\_\_

**Amount requested from CCF: \$** \_\_\_\_\_

**Signature, Chairperson, Board of Directors**

**Date**

\_\_\_\_\_

\_\_\_\_\_



# Financial Report Form

Organization \_\_\_\_\_

Project requesting funding \_\_\_\_\_

Organization's fiscal year end \_\_\_\_\_

Fiscal year this budget covers \_\_\_\_\_

**REVENUE:** Include the **total budgeted amount** for each of the following categories of your **total operating budget** for the fiscal year when the project will take place.

Grants/Contracts/Contributions:

Local Government	\$ _____
State Government	\$ _____
Federal Government	\$ _____
Foundations (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Corporations (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Individuals	\$ _____
Other (specify)	\$ _____
Earned Income:	
Events, net	\$ _____
Publications & Products	\$ _____
Membership Income:	\$ _____
Other (specify):	\$ _____
<b>Total Revenues</b>	<b>\$ _____</b>

**EXPENSES:** Include the **total budgeted amount** for each of the following budget categories:

Salaries	\$ _____
Payroll Taxes	\$ _____
Fringe benefits	\$ _____
Consultant & Professional Fees	\$ _____
Insurance	\$ _____
Travel (including education seminars)	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and Copying	\$ _____
Telephone, Fax and Internet	\$ _____
Postage & Delivery	\$ _____
Rent	\$ _____
Utilities	\$ _____
Maintenance and Repairs	\$ _____
Marketing	\$ _____
Other (specify)	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>Surplus (deficit)</b>	<b>\$ _____</b>



## Balance Sheet

**Organization:** \_\_\_\_\_

**Assets:**

Current Assets:

Checking/Savings/C.D.s (please list)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Accounts Receivable: \$ \_\_\_\_\_

Prepaid Expense: \$ \_\_\_\_\_

Total Current Assets: \$ \_\_\_\_\_

Fixed Assets: \$ \_\_\_\_\_

Less Accumulated Depreciation: - \$ \_\_\_\_\_

Total Fixed Assets: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

**Total Assets: (A) \$ \_\_\_\_\_**

**Liabilities and Equity:**

Liabilities (Loans, Accounts Payable): \$ \_\_\_\_\_

Net Assets (Permanently Restricted Net Assets,  
Temporarily Restricted Net Assets,  
Unrestricted Net Assets): \$ \_\_\_\_\_

**Total Liabilities and Equity: (B) \$ \_\_\_\_\_**  
**("A" Needs to be equal to "B")**



# Project Budget Sheet

**Organization:** \_\_\_\_\_

**Project:** \_\_\_\_\_

**Project Budget:** Include the **total amount** of the following budget categories:

	<u>Amount requested from CFA</u>	<u>Total project expenses</u>
Salaries	\$ _____	\$ _____
Contract Services	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment (Please complete the bid form.)	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
In-Kind	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>Total Project Expenses \$</b>	_____ <b>(A)</b>	_____ <b>(B)</b>

**A/B = Percentage of Total Project** \_\_\_\_\_ %

Additional funding sources (if applicable):

Funding Source	Amount Contributed/Status
Funding Source	Amount Contributed/Status
Funding Source	Amount Contributed/Status



## Bid Sheet

Organization \_\_\_\_\_

Product \_\_\_\_\_

Please attach two or three competitive bids on comparable equipment or merchandise.  
*(You are REQUIRED to submit a copy of each actual bid with this form.)*

	Business	Contact Person	Contact Number	Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Comments: