

Annual Operating Budget

Organization: _____

Fiscal Year: _____

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. You may add or edit categories to reflect your revenue and expense sources.

(This is the total operating budget for the organization or the organization under which an entity operates. THIS IS NOT THE PROJECT BUDGET).

REVENUES	
Grants/Contracts/Contributions	
Local Government	\$ -
State Government	\$ -
Federal Government	\$ -
Foundations (itemize)	\$ -
	\$ -
	\$ -
	\$ -
Corporations (itemize)	\$ -
	\$ -
	\$ -
	\$ -
Individuals	\$ -
Other (specify)	\$ -
	\$ -
	\$ -
Earned Income	
Events (net)	\$ -
Publications/Products	\$ -
Tickets sales	\$ -
Membership Income	\$ -
Other (specify)	\$ -
	\$ -
TOTAL REVENUES	\$ -

EXPENSES

Salaries	\$	-
Payroll Taxes	\$	-
Fringe Benefits	\$	-
Consultant and Professional Fees	\$	-
Insurance	\$	-
Travel (including education seminars)	\$	-
Equipment	\$	-
Supplies	\$	-
Printing and Copying	\$	-
Telephone, Fax and Internet	\$	-
Postage and Delivery	\$	-
Rent	\$	-
Utilities	\$	-
Maintenance and Repairs	\$	-
Marketing	\$	-
Other (specify)	\$	-
	\$	-
	\$	-
	\$	-
	\$	-

TOTAL EXPENSES	\$	-
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SURPLUS (DEFICIT)	\$	-
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EXAMPLE