

## CURRENT FISCAL YEAR OPERATING BUDGET

**PROGRAM NAME:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_

**FISCAL YEAR BEGINS:** \_\_\_\_\_  
**(Current Year)                      Month/Year**

**FISCAL YEAR ENDS:** \_\_\_\_\_  
**(Current Year)                      Month/Year**

Include all program operating costs, organized by funding source. Specify the name of each funding source in the space provided. To include additional funding sources, copy the worksheet and add an additional page. If you have multiple funding sources that are in the same general category, such as foundations, contributions and donations (i.e. unrestricted funds), sources may be grouped as one source.

<b>BUDGET LINE ITEMS</b>	<b>SOURCE 1</b> (Specify)	<b>SOURCE 2</b> (Specify)	<b>SOURCE 3</b> (Specify)	<b>SOURCE 4</b> (Specify)	<b>SOURCE 5</b> (Specify)	<b>TOTAL</b>
Personnel Salaries						
Payroll Taxes						
FICA (7.65%)						
Unemployment						
Workers						
Compensation						
Fringe Benefits						
Medical						
Dental						
Other (Specify)						
Travel						
Training						
Printing/Copying						
Supplies						
Equipment						
Rent/Utilities						
Other Expense (Specify)						
Other Expense (Specify)						
Other Expense (Specify)						
<b>TOTAL</b>						