2018-2019 Program and Budget

Instructions: Please provide a detailed budget for the specific program that you are applying for. Please note, your organizational budget should be uploaded separately, NOT included on this form.

Program Staff Number of FTE Program Staff Full Time		
Number of FTE Program Staff Half Time		
Prior Year Actual		
Current Year		
Proposed Year		
Program Budget		
Program Income	Current Fiscal Year Budge	et Next Fiscal Year Budget
	(CY)	(NY)
a. Government		
b. Foundations / Corporations		
c. Fundraising Activities		
d. Other United Way(s)		
e. United Way of the Dutchess-Orange Region		
f. Interest / Investment Revenue		
g. Membership Dues/Program Fees		

h. Other Income		
Program Expenses	Current Fiscal Year Budget (CY)	Next Fiscal Year Projected Budget (NY)
i. Salaries		Dudget (NT)
j. Employee Benefits & Payroll Taxes		
k. Professional fees		
l. Supplies/Equipment		
m. Postage		
n. Printing/Publications		
o. Utilities/Phone		
p. Occupancy		
q. Equipment maintenance		
r. Travel/Conferences/Conventions		
s. Dues/Fees		
t. Insurance Costs		
u. Other Expenses		
CY Surplus/Deficit: \${{ SUM(F	PI[:0]) - SUM(PE[:0]) }}	
CY Surplus/Deficit:		

NY Surplus/Deficit: \${{ SUM(PI[:1]) - SUM(PE[:1]) }}
NY Surplus/Deficit:
Please explain any large discrepancies between current and projected year
Please provide the cost of providing the service to each of your clients.