

EXAMPLE - you do not have to use this form nor make your budget this detailed, but it gives an example of the content we are looking for, particularly the sources of income and demonstration of expense planning.

NAME OF AGENCY HERE

Please submit on agency letterhead

Telephone Number

Address

Budget Date: (Example January 2014-January 2014)

Which one applies: Food Pantry / Soup Kitchen / Children & Youth / Daycare / Group Home / Senior / Shelter

A Budget must be submitted on church letterhead or program letterhead. We do not accept bank statements.

PART 1: MONTHLY INCOME	Estimated	Actual
CONTRIBUTIONS:	\$0.00	\$0.00
Donations	\$0.00	\$0.00
Grants	\$0.00	\$0.00
Offering	\$0.00	\$0.00
Government	\$0.00	\$0.00
United Way	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Other:	\$0.00	\$0.00
TOTALS (Automatically Calculated if using Excel)	\$0.00	\$0.00

PART 2: MONTHLY EXPENSES	Estimated	Actual
Rent	\$0.00	\$0.00
Insurance	\$0.00	\$0.00
Telephone	\$0.00	\$0.00
Internet Access	\$0.00	\$0.00
Publicity	\$0.00	\$0.00
Fuel	\$0.00	\$0.00
Food Pantry:	\$0.00	\$0.00
-Product from Food Bank of Albemarle	\$0.00	\$0.00
-Other Pantry Purchases	\$0.00	\$0.00
-	\$0.00	\$0.00
Utilities:	\$0.00	\$0.00
-Heating	\$0.00	\$0.00
-Electric Bill	\$0.00	\$0.00
-Water Bill	\$0.00	\$0.00
-Air Conditioning	\$0.00	\$0.00
Repairs	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00
<i>Add other expenses in these empty spaces</i>	\$0.00	\$0.00
	\$0.00	\$0.00
TOTALS (Automatically Calculated if using Excel)	\$0.00	\$0.00

PART 3: RESULTS (Automatically Generated from Parts 1 & 2 Above)	Estimated	Actual
TOTAL MONTHLY INCOME	\$0.00	\$0.00
TOTAL MONTHLY EXPENSE	\$0.00	\$0.00
VARIANCE (This is how much over, or under, your budget you are.)	\$0.00	\$0.00

If this number is positive, good work! You're spending less than you're earning. If it's a negative number (red), you should consider ways to save or reprioritize your expenditures.