

ORGANIZATIONAL BUDGET For Current Fiscal Year Beginning (month/date): ____

| | | |
|--------------------------------------|-------------------------------------|--------------|
| Name of the organization: | | |
| EXPENSES | | Total |
| 1 | Salaries and Wages | \$ |
| 2 | Fringe Benefits & Payroll Taxes | |
| 3 | Contract Services/Professional Fees | |
| 4 | Insurance | |
| 5 | Taxes | |
| 6 | Rent & Utilities | |
| 7 | Equipment | |
| 8 | Supplies | |
| 9 | Staff/Board Development | |
| 10 | Travel/Related Expenses | |
| 11 | Printing & Copying | |
| 12 | Telephone/Fax/Internet Service | |
| 13 | Postage & Delivery | |
| 14 | Other: List | |
| 15 | | |
| 16 | other | |
| 17 | | |
| TOTAL Organizational Expenses | | \$ |

| | | | | |
|------------------------------------|----------------------------------|--------------------|------------------|--------------|
| INCOME | | Anticipated | Committed | Total |
| 18 | Government Grants | \$ | \$ | \$ |
| 19 | Foundations | | | |
| 20 | Corporations | | | |
| 21 | Religious Institutions | | | |
| 22 | Aloha United Way/other campaigns | | | |
| 23 | Individual Contributions | | | |
| 24 | Fundraising Events/Products | | | |
| 25 | Membership Income | | | |
| 26 | In-kind support | | | |
| 27 | Other: List | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| TOTAL Organizational Income | | | | \$ |

NARRATIVE FOR ORGANIZATIONAL BUDGET

You must attach a budget narrative; please be as specific as possible, describing line by line. The Budget Narrative explains the line items and how you arrived at your number

**If your organization exceeds the budget limit of \$250,000, please include an explanation as to why you are seeking funding from the Hawai'i People's Fund. If an explanation is not included in the budget narrative, the submitted proposal will not be considered.*

If you have any questions about completing an organizational budget, please contact Hawai'i People's Fund at hawaiiipf@gmail.com