

**March of Dimes  
Chapter Community Grants Program  
BUDGET FORM**



Check One: [ ] Application [ ] Progress Report

Grant Period From: mm/dd/yy To: mm/dd/yy

Applicant Name:

Project Title:

<b>BUDGET</b> (see application guidelines for an explanation of allowable/not allowable expenses)	<b>APPLICATION</b> Total Budget	<b>EXPENDED</b> (Progress Rpts Only)
<b>A. Salaries</b> (include name, position, and FTE) *		
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>		
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Other Expenses/Fees</b>		
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>
<b>D. In-Kind Donations/Revenue</b>		
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>
<b>GRAND TOTAL (A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL AMOUNT REQUESTED (A+B+C)</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_  
Signature - Executive Director      Date mm/dd/yy

\_\_\_\_\_  
Signature - Director of Operations      Date mm/dd/yy

***Please round figures to the nearest dollar and check budget totals.***

***\* Indication of whether staff position is new, an increase in hours, etc. is required in narrative.***