New Hampshire State Council on the Arts



OPERATING GRANT BUDGET FORM FOR ORGANIZATIONS

APPLICANT NAME:

Dates of Fiscal Year						
Expenses	Past Year	Current Year	Future Year	Future Year		
	Саѕн	Саѕн	Cash	IN-KIND		
Salaried Employees						
(salaries, wages, fringe benefits)						
Administrative						
#FT= #PT=						
Artistic						
#FT= #PT=						
Technical						
#FT= #PT=						
Outside Fees & Services						
Artistic						
Other (specify):						
Marketing/Publicity (specify)						
Paid Advertising						
Printing						
Mailing Postage						
Web Presence						
Remaining Project Expenses	·					
Space Rental:						
(location/rate)						
Travel:						
Accessibility expenses:						
Supplies, materials & miscellaneous						
expenses:						
Other (specify):						
Total Expenses:						

APPLICANT NAME:

Dates of Fiscal Year

INCOME	Past Year	Current Year	Future Year	Future Year
	CASH	CASH	CASH	IN KIND
Earned Income				
Admissions:				
Contracted Services (specify):				
Concessions, sales, rentals:				
Fees, tuition:				
Other Revenue (specify):				
Contributed Income				
Memberships:				
Corporate Contributions (identify):				
Private Foundations (identify):				
Other Private Support:				
(includes fundraisers)				
Government Support				
Federal (specify):				
State (do not include this request):				
Local:				
Applicant Cook				
Applicant Cash				
(See Glossary for definition - http://www.nh.gov/nharts/grants/basic				
s/glossary.htm)				
Sub-Total (Income from Above):				
Anticipated NHSCA Grant Support				
(amount requested)				
Total Cash Income: (Column 3 only:				
Total Cash Income must equal				
Total Cash Expenses)				
(*) actorick cooured contributed inc		I		1

(*) asterisk secured contributed income