

OPERATING GRANT BUDGET FORM FOR ORGANIZATIONS
NEW HAMPSHIRE STATE COUNCIL ON THE ARTS

APPLICANT NAME: _____

EXPENSES	Past Year CASH	Current Year CASH	Future Year CASH	IN-KIND
Salaried Employees				
<i>(Salaries, wages, fringe benefit):</i>				
Administrative:	\$	\$	\$	\$
Artistic:	\$	\$	\$	\$
Technical/production:	\$	\$	\$	\$
Outside Fees & Services				
<i>(Independent contractor fees)</i>				
Artistic:	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
.....	\$	\$	\$	\$
Space Rental (location/rate): ...	\$	\$	\$	\$
Travel (specify # of travelers, mileage, per diems)				
In-state:	\$	\$	\$	\$
Out-of-state:	\$	\$	\$	\$
Marketing/Publicity (specify): .	\$	\$	\$	\$
Remaining Project Expenses:				
<i>(Specify up to 5 major items)</i>				
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$
.....	\$	\$	\$	\$
Total Cash Expenses	\$	\$	\$	\$
Total Value of In-kind contributions				\$

Identify sources of in-kind (donated services or goods) contributions:.....

over →

APPLICANT NAME: _____

INCOME CASH ONLY	PAST YEAR	CURRENT YEAR	FUTURE YEAR
Revenue (Earned Income):	\$	\$	\$
Admissions:	\$	\$	\$
Contracted Services (specify):	\$	\$	\$
.....	\$	\$	\$
Other Revenue (specify):	\$	\$	\$
.....	\$	\$	\$
Support (Unearned Income):	\$	\$	\$
Memberships:	\$	\$	\$
Corporate Contributions (<i>identify</i>):	\$	\$	\$
.....			
Private Foundations (<i>identify</i>):	\$	\$	\$
.....			
Other Private Support:	\$	\$	\$
(Includes fundraisers)			
.....			
Government Support			
Federal:	\$	\$	\$
State (<i>do not include this request</i>):	\$	\$	\$
Local:	\$	\$	\$
New England Foundation	\$	\$	\$
for the Arts Grants:			
Applicant Cash:	\$	\$	\$
(See Glossary for definition - http://www.nh.gov/nharts/grants/basics/glossary.htm)			
Sub-Total (Income from Above):	\$	\$	\$
Grant Amount Requested from Arts Council:			\$
Total Cash Income:	= \$	\$	\$
(Column 3 only: Total Income must equal Total Cash Expenses)			
.....			