

**New Hampshire State Council on the Arts
Budget Form
ARTS Conservation License Plate Grants**

Minimum/Maximum grant requests are \$2,000 - \$20,000. No match is required.
Your budget must be balanced - total project income must equal total project expenses.

APPLICANT NAME (Please use the name you used on the application):

Project Income - List all funding sources for this project, both secured and anticipated.	Amount Cash	Amount In-Kind	Total Income
Requested NHSCA Grant Support			
Contracted services			
Admissions (e.g., ticket sales)			
Concessions, sales, rentals			
Fees and/or tuition			
Memberships			
Corporate contributions (Identify below. If you have no corporate cash or in-kind, please put zeros in the blue cells.)			
Private foundations (Identify below. If you have no private foundation cash or in-kind, please put zeros in the blue cells.)			
Federal Government (Identify below. If you have no Federal Government support, type zeros in the blue cells.)			
Non-DCR State Government (Identify below. If you have no additional State support, type zeros in the blue cells. Do not include your grant request here.)			
Local Government (Identify below. If you have no Local Government support, type zeros in the blue cells.)			
Applicant cash (please click for definitions)			
Other revenue (Identify below. If you have no other revenue cash or in-kind, please put zeros in the blue cells.)			
Total Project Income			

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Project Expense - List all expense items related to your application.	Amount Covered by NHSCA Grant (may not exceed total requested grant support)	Amount NOT covered by NHSCA Grant	Amount In-Kind	Total Expense
Administrative staff				
Consultant fees (Identify below. If you have no consultant fees, please type zeros in the blue fields.)				
Digitization				
Other outside fees and services (Identify below. If you have no other outside fees and services, please type zeros in the blue fields.)				
Advertising				
Printing				
Mailing/postage				
Space rental				
In-State Travel (Identify below. If you have no travel expenses, please type zeros in the blue fields.)				
Out-of-State Travel (Identify below. If you have no travel expenses, please type zeros in the blue fields.)				
Conservation treatment(s)				
Archival supplies				
Other (Identify below. If you have no additional expenses, please put zeros in the blue cells.)				
Total Project Expense				