

New Hampshire State Council on the Arts

Budget Form

ARTS Conservation License Plate Grants

updated 1/13/2023

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 |
|---|-------------|----------------|--------------|
| <b>Requested NHSCA Grant Support</b>  |             |                |              |
| 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.)                                     |             |                |              |
|   |             |                |              |
|   |             |                |              |
| 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.)   |             |                |              |
|   |             |                |              |
|   |             |                |              |
| <u>Applicant cash (please click for definitions)</u>  |             |                |              |
| Other revenue (Identify below. If you have no other revenue cash or in-kind, please put zeros in the blue cells.)                                 |             |                |              |
|   |             |                |              |
|   |             |                |              |
|   |             |                |              |
| <b>Total Project Income</b>   |             |                |              |

New Hampshire State Council on the Arts

Budget Form

ARTS Conservation License Plate Grants

updated 1/13/2023

| 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.)   |  |                                   |                |               |
|   |  |                                   |                |               |
| Contingency Fee: Please build in a contingency appropriate to the scope of your proposal; typical ranges are 5% -10% of total project budget. |  |                                   |                |               |
|   |  |                                   |                |               |
| <b>Total Project Expense</b>  |  |                                   |                |               |