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| --- |
| **Project Budget:** Provide a specific description for the expense line item intended for Barrier Buster funds. Be sure to upload a minimum of 1 price quote for purchases over $500. |
| **Prepare the project budget using the template below.** **Budget Time Period:** October 18, 2019 through January 15, 2020 |
| **CATEGORY** | **AMOUNT** |
| REVENUE |  $ |
|  | Out 2 Learn Barrier Buster Grant |  |
|   | Government Funding  | $ |
|  | Other donations/grants (corporations, foundations, individuals, etc.) | $ |
|   | Client Fees | $ |
|   | Other funding  | $ |
|   | TOTAL REVENUE | $ |
|   |  |   |
| EXPENSES |   |
|   | Salaries and Related Expenses | $ |
|   | Professional Fees/Contract Services | $ |
|   | Program-Related Expenses | $ |
|   | Assistance to Individuals  | $ |
|   | All Other Expenses  | $ |
|   | TOTAL EXPENSES | $ |
|  |  |  |
|  |  |  |