

# ***SAMPLE***

## **Operating Budget**

Organization Name: <Name>  
Fiscal Year (12-month): <Fiscal Year>

Budget (<date> )

### Income

Government Grants  
Foundation and Corporate Grants  
United Way  
Individual Contributions  
Earned Income  
Interest Income  
Other Income

Total Income \$0

### Expenses

Salaries and Wages  
Employee Benefits and Taxes  
Total Personnel Costs  
Bank/Investment Fees  
Depreciation Expense  
Equipment Rental & Maintenance  
Food Costs  
Fundraising/Development Expenses  
Insurance Expense  
Marketing/Advertising  
Postage and Delivery  
Professional Development  
Professional Fees  
Rent and Occupancy  
Supplies and Materials  
Telephone Expense  
Travel Expense  
Other Expense 1  
Other Expense 2  
Miscellaneous Expenses  
Total Non Personnel Costs

Total Expenses \$0

Revenue Over Expenses \$0