**MACON COUNTY COMMUNITY FUNDING POOL - PROGRAM/PROJECT BUDGET (FUNDING YEAR 2024)**

**APPLICANTS SEEKING PROGRAM/PROJECT FUNDING MUST COMPLETE THIS FORM. NO OTHER BUDGET FORMS WILL BE ACCEPTED.**

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Project Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Program/Project Anticipated: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pleas*e enter the income and expenses related to the program/project for which you are requesting funding.***

**INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER FUNDING SOURCES (BE SPECIFIC EXCEPT FOR INDIVIDUAL DONOR NAMES)** | **TOTAL AMOUNT** | **STATUS OF FUNDING?****PENDING OR COMMITTED** | **EXPLANATION (OPTIONAL)** |
|  | $ |  Choose an item. |  |
|  | $ |  Choose an item. |  |
|  | $ |  Choose an item. |  |
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|  | $ | Choose an item. |  |
| **GRAND TOTAL OF INCOME: $**$ |

**EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **TOTAL COST** | **AMOUNT TO BE FUNDED BY CFP** | **EXPLANATION (OPTIONAL)** |
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| **GRAND TOTAL OF EXPENSES: $** |