**CFP FY 2024 STANDARD ORGANIZATION BUDGET – ALL APPLICANTS MUST COMPLETE THIS FORM. NO OTHER BUDGET FORMS WILL BE ACCEPTED.**

**Organization's Name:**

**Organization’s Current Fiscal Year End Date:**

***For your current fiscal year, please list projected income and budgeted expenses for your overall organization.***

**ORGANIZATIONAL INCOME**

**Source Amount**

|  |  |  |
| --- | --- | --- |
| Government grants |  |  |
| Foundations |  |  |
| Corporations |  |  |
| Individual donors |  |  |
| Membership income |  |  |
| Investment income |  |  |
| Earned income |  |  |
| Other (specify) |  |  |
| **Total Income** | $ - |  |
| **ORGANIZATIONAL EXPENSES** |  |  |
| **Item** | **Amount** | **Explanatory Notes** *(Optional)* |
| Salaries and wages |  |  |
| *Number of paid staff (full-time)* |  |  |
| *Number of paid staff (part-time)* |  |  |
| Insurance, benefits, and payroll taxes |  |  |
| Fees for services (non-employees) |  |  |
| Advertising and promotion |  |  |
| Office expenses |  |  |
| Information technology |  |  |
| Occupancy, including rent & utilities |  |  |
| Travel |  |  |
| Conferences, conventions & meetings |  |  |
| Interest |  |  |
| Depreciation, depletion & amortization |  |  |
| Insurance |  |  |
| Other (specify) |  |  |
| **Total Expenses** | $ - |  |
| **Budgeted surplus (income minus expenses)** | $ - |  |

**Explanatory Notes -** *Please indicate whether items are pending, committed and/or restricted.*