|  |
| --- |
| Small Grants Project Budget- ExpensesInsert or expand rows as neededProject Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Items *(examples)*** | **Details** | **In kind amount**  | **In kind Source**  | **Your Contribution** | **Our Cowichan** | **Total** |
| Salaries  |  **Example- Facilitator** X number of hours per $ |  |  |  |  |  |
|  | **Trainer** X number of hours per $ |  |  |  |  |  |
| Honorarium |  |  |  |  |  |  |
| Food and Beverages |  |  |  |  |  |  |
| Room Rentals |  |  |  |  |  |  |
| Materials and Supplies  |  |  |  |  |  |  |
| Printing/Resources |  |  |  |  |  |  |
| Advertising |  |  |  |  |  |  |
| Other  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

**Note- No capital projects/expenses or ongoing services qualify for funding**