Organization:	A Very Great Organization
Project Title:	Community Wellness Initiative
Project Length:	12 Months

INSTRUCTIONS: *For each category, enter the total amount you are requesting. Next to the total, provide a high-level breakdown of what is included in that amount. You do* ***not*** *need to submit a detailed, line-by-line budget, just a summary of key costs.* ***All totals and subtotals will auto calculate****.*

CATEGORY OF EXPENSE	AMOUNT	DETAIL
1. Personnel Services		
a) Salary + Fringe *The total cost of paying staff who will work on the project. Include title of staff and total amount of each staff in "detail"*	$15,000	Covers partial salary and benefits for a Program Coordinator to oversee the activities of this program and manage community outreach.
Subtotal	**$15,000**	
2. Non-Personnel Services		
a) Contractual Costs *Payments to individuals or organizations outside of your staff for specific services, like consultants or trainers*	$7,500	Payment for a graphic deesigner to develop outreach materials ($4,000) Payment for a "to be hired" consultant to facilitate training sessions ($3,500)
b) Equipment + Supplies *Items needed to run the project, such as technology, office supplies, or materials*	$5,000	Includes a laptop for staff use, program related materials for both programming and outreach, and office supplies needed for the implementation of the program
c) Travel *Costs for transportation, lodging, and meals when traveling for the project*	$3,000	Covers transportation and lodging for 3 staff to attend a regional training conference directly related to this projects development
d) Other Direct Costs *Any other necessary project expenses that don't fit into the categories above, like event space rental or printing*	$2,500	Includes venue rental for a community workshop, printing costs for all participant materials, and food for all participants
e) Indirect *General expenses that support your project but aren't directly tied to project activities. This includes rent, utilities, or administrative support, and more*	-	**Do not include indirect costs in your funding request. If awarded, indirect will be added separately**
Subtotal	**$18,000**	
TOTAL GRHF FUNDING REQUEST	**$ 33,000.00**	
3. Other Funding		
f) Other Project Funding *Any additional money your project is receiving from other sources, such as grants, donations, or sponsorships. This helps us understand the full financial picture of your project and does not affect your changes at being funded. Please include both source and amount*		$10,000 - Bloom Foundation $5,000 - Coporate Sponsorship $3,000 - Contributions from community members/donations
g) Leveraged Funding *Potential funding that your project may receive, but only if this grant is awarded. This could include matching funds, pending grants, or commitments from other funders that depend on our support. Please include* ***only*** *the source of the funding*		Big Bank Incorporated Power Foundation

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