

	A	B	C	D	E	F	G	H	I	J	K
1	"Exhibit A" Combined Budget Form - FY 2019-20										
2	Organization Name										
3	Executive Leader & Key Financial Manager Names										
4	Current FY (2018-19) Total Organization Budget \$										
5	Program/Project A Name										
6	Program/Project B Name k										
7											
8	INCOME		FY 2018-2019 Budget		FY 2018-2019 Organization Fiscal YTD thru 4/30/19		Projected FY 2019-20 Organization Total Budget		FY 2019-20 Projected Total Program/Project A		FY 2019-20 Projected Total Program/Project B
9	Fees, Tickets, Registration, etc.										
10	Corporate Grants/Contributions										
11	Individual Donations										
12	Foundation Grants										
13	Government - Federal										
14	Government- Local/County										
15	Government- State										
16	In-Kind										
17	Interest Income										
18	Membership										
19	CRA Actual or Requested - - - - -										
20	Other:										
21	Other:										
22	Other:										
23	Total Income - - - - -										
24											
25	CRA % of Total Income #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!										
26											
27	NOTES:										
28	(1) The CRA Request in INCOME Column G should equal the CRA Request at the bottom of the EXPENSES budget										
29	(2) Total INCOME should equal Total EXPENSES to project a balanced budget in FY 2017-18 (Column G)										
30	(3) CRA % of projected Total Organization Income may not exceed 25% for FY 2017-18 (Column G) unless approved by CRA										
31	(4) Figures in Column I and, if applicable, Column K, should match Program/Project Budget Narrative										

	A	B	C	D	E	F	G	H	I	J	K
32	EXPENSES <i>See separate Instructions for line item definitions</i>		FY 2018-2019 Budget		FY 2018-2019 Organization Fiscal YTD thru 4/30/19		Projected FY 2019-20 Organization Total Budget		FY 2019-20 Projected Total Program/Project A		FY 2019-20 Projected Total Program/Project B
33	Salaries & Related Taxes										
34	Fringe Benefits										
35	Professional Svcs/Consulting										
36	Insurance										
37	Licenses, Registration, Permits										
38	Conferences & Meetings										
39	Copying & Printing										
40	Equipment Rental/Maintenance										
41	Rent/Mortgage & Maintenance										
42	Utilities										
43	Telecommunication										
44	Office & Program Supplies										
45	Postage & Delivery										
46	Local Travel										
47	Capital Expenditures										
48	Other:										
49	Other:										
50	Sub-Total Expenses		-		-		-		-		-
51	___% Admin/Indirect Expense										
52	Total Expense		-		-		-		-		-
53											
54	NET INCOME		-		-		-		-		-
55											
56	Total Expenses Project A + B						-				
57	CRA Request						-		-		-
58											
59	NOTES:										
60	(1) Refer to separate Instructions for definitions of each line item expense										
61	(2) In Column G, CRA Request may be less than Total Expense as there may be other sources of revenue for the program(s)										
62	(3) Projected NET INCOME (Total Income minus Total Expense) should equal zero for a balanced budget in FY 2017-2018 (Column G)										

	A	B	C	D	E	F	
1	CRA Program/Project A Budget Narrative Form						
2							
3	Organization Name						
4	Program/Project A Name						
5							
6	PROGRAM/PROJECT A INCOME NARRATIVE		Amount	Justification / basis for budgeted amount (Insert lines for significant specific funding sources beneath line item categories)	C or P (2)	Date of: - P -Decision or - C - Funding Start (3)	
7							
8	Fees, Tickets, Registration, etc.						
9	Corporate Grants/Contributions						
10	Individual Donations						
11	Foundation Grants						
12	Government- Federal						
13	Government- Local/County						
14	Government- State						
15	In-Kind						
16	Interest Income						
17	Membership						
18	CRA Request			See Combined Budget, Revenue Section			
19	Other:						
20	Other:						
21	Other:						
22	Total Income		-	Equals Total Income, Program/Project A, Combined Budget (Column I)			
23							
24	NOTES:						
25	(1) Insert additional rows for significant specific funding sources beneath each line item category						
26	(2) For each significant grant, contract, or contribution, indicate if it is (C) confirmed, or (P) decision pending						
27	(3) For each item in Column E, indicate date decision is expected for PENDING and date funding begins for CONFIRMED						
28	(4) CRA Request, Column C, should match Column I on the Combined Budget						
29	(5) Total Income should equal Program/Project A, Total Income, Combined Budget (Column I)						
30							
31	COMMENTS:						

	A	B	C	D	E	F
	PROGRAM/PROJECT A					
	EXPENSE NARRATIVE		Amount	Item Detail/Description		
32						
33						
34	Salaries & Related Taxes:					
35						
36						
37						
38				- Total Salaries & Related Taxes		
39						
40	Fringe Benefits:					
41						
42						
43						
44				- Total Fringe Benefits		
45						
46	Professional Svcs/Consulting:					
47						
48						
49						
50				- Total Professional Services / Consulting		
51						
52	Insurance:					
53						
54						
55				- Total Insurance		
56						
57	Licenses, Registration, Permits:					
58						
59						
60				- Total Licenses, Registration, Permits		
61						
62	Conferences & Meetings:					
63						
64						
65				- Total Conferences & Meetings		
66						
67	Copying & Printing					
68						

	A	B	C	D	E	F
69	Equipment Rental/Maintenance					
70						
71	Rent/Mortgage & Maintenance					
72						
73	Utilities					
74						
75	Telecommunications					
76						
77	Office & Program Supplies					
78						
79	Postage & Delivery					
80						
81	Local Travel					
82						
83	Capital Expenditures					
84						
85	Other:					
86						
87	Other:					
88						
89	____ % Admin/Indirect Expense					
90						
91	TOTAL EXPENSES			- Equals Total Expense, Program/Project A, Combined Budget (Column I)		
92						
93						
94						
95						
96						
97						
98						
99						
100						
101						
102						
103						
104						
105						
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108						
109						

	A	B	C	D	E	F	
1	CRA Program/Project B Budget Narrative Form						
2							
3	Organization Name						
4	Program/Project B Name						
5							
6	PROGRAM/PROJECT B INCOME NARRATIVE		Amount	Justification / basis for budgeted amount (Insert lines for significant specific funding sources beneath line item categories)	C or P (2)	Date of: - P - Decision or - C - Funding Start (3)	
7							
8	Fees, Tickets, Registration, etc.						
9	Corporate Grants/Contributions						
10	Individual Donations						
11	Foundation Grants						
12	Government- Federal						
13	Government- Local/County						
14	Government- State						
15	In-Kind						
16	Interest Income						
17	Membership						
18	CRA Request			See Combined Budget, Revenue Section			
19	Other:						
20	Other:						
21	Other:						
22	Total Income		-	Equals Total Income, Program/Project B, Combined Budget (Column K)			
23							
24	NOTES:						
25	(1) Insert additional rows for significant specific funding sources beneath each line item category						
26	(2) For each significant grant, contract, or contribution, indicate if it is (C) confirmed, or (P) decision pending						
27	(3) For each item in Column E, indicate date decision is expected for PENDING and date funding begins for CONFIRMED						
28	(4) CRA Request, Column C, should match Column K on the Combined Budget						
29	(5) Total Income should equal Program/Project B, Total Income, Combined Budget (Column K)						
30							
31	COMMENTS:						

	A	B	C	D	E	F
32	PROGRAM/PROJECT B EXPENSE NARRATIVE		Amount	Item Detail/Description		
34	Salaries & Related Taxes:					
35						
36						
37						
38				- Total Salaries & Related Taxes		
40	Fringe Benefits:					
41						
42						
43						
44				- Total Fringe Benefits		
46	Professional Svcs/Consulting:					
47						
48						
49						
50				- Total Professional Services / Consulting		
52	Insurance:					
53						
54						
55				- Total Insurance		
57	Licenses, Registration, Permits:					
58						
59						
60				- Total Licenses, Registration, Permits		
62	Conferences & Meetings:					
63						
64						
65				- Total Conferences & Meetings		
67	Copying & Printing					
69	Equipment Rental/Maintenance					
71	Rent/Mortgage & Maintenance					
73	Utilities					
75	Telecommunications					
77	Office & Program Supplies					
79	Postage & Delivery					
81	Local Travel					
83	Capital Expenditures					

	A	B	C	D	E	F
85	Other:					
86						
87	Other:					
88						
89	% Admin/Indirect Expense					
90						
91	TOTAL EXPENSES			- Equals Total Expense, Program/Project B, Combined Budget (Column K)		
92						
93						
94						
95						
96						
97						