

The Arc Maryland
SMALL GRANT PROPOSED BUDGET

Name of Individual/Organization: _____ Date: _____

Address: _____ Phone # _____

Project Title: _____

<u>Project Expenses</u>¹	<u>Total Expenses</u>²	<u>The Arc MD Funds</u>³	<u>Other Sources of funds</u>⁴	<u>Source</u>⁵
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

¹ List all project-related expenditures.

² This is the total cost for each project-related expenditure. Provide amounts for each expense.

³ This is the amount of funds you have requested from The Arc MD to help cover an expense.

⁴ This is the amount of funds you have obtained from sources other than The Arc MD, including what you/your organization will be contributing.

⁵ List the “other” source of funds noted in the third column.