

Organization Name:

Black Men's Health Clinic

Budget Period: Start

Project/Program Title:

BMHC & CoM Health Department

Budget Period: End

**Revenue Sources**

	Year One		Year Two <i>(Only if Multi-Year)</i>		Combined	
Budgeted Revenue	Project/Program Budget	%	Project/Program Budget	%	Project/Program Budget (Yr 1+ Yr2)	%
Other Foundation Grants	\$ 100,000	100%			\$ 100,000	
<b>Total Revenue</b>	<b>\$ 100,000</b>	<b>100%</b>	<b>\$ -</b>		<b>\$ 100,000</b>	<b>100%</b>

**Expenses**

		Year One		Year Two <i>(Only if Multi-Year Grant)</i>		Combined	
Budgeted Expenses		Project/Program Budget	%	Project/Program Budget	%	Project/Program Budget	%
Staff	Salaries	\$ -	0%			\$ -	
	Benefits and Taxes	\$ -	0%			\$ -	
	Travel/Mileage	\$ -	0%			\$ -	
	Training	\$ 10,000	10%			\$ 10,000	10%
Non-Staff	Program Costs	\$ 40,000	40%			\$ 40,000	40%
	Administrative/Operating	\$ 10,000	10%			\$ 10,000	10%
	Fund Development/Marketing	\$ 10,000	10%			\$ 10,000	10%
Other	Consultants/Contractors	\$ 30,000	30%			\$ 30,000	30%
	Collaborator Expenses					\$ -	
	Miscellaneous					\$ -	
<b>TOTAL EXPENSES</b>		<b>\$ 100,000</b>	<b>100%</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ 100,000</b>	<b>100%</b>