TOWN OF ABINGDON, VIRGINIA - PROPOSED BUDGET FOR FY 2018/2019

Contact Information: _____

Organization Name: _____ **Mailing address:** _____

Contact Person: _____ **E-mail address:** _____

Phone Number: _____ **Fax Number:** _____

Federal Tax ID#: _____

Organization Budget (Anticipated Expenses):

Expense Items:	Total Program Budget
Salaries & Fringe Benefits	$
Supplies (program materials, postage)	$
Equipment (items in excess of $5,000)	$
Utilities (telephone, electric, water, etc.)	$
Rent	$
Professional Development	$
Fundraising Expense	$
Insurance	$
Auto Expense	$
Other Expenses	$
(Please detail other expenses in the right hand column)	
Total Anticipated Expenses	$

Detail of Other Expenses:

	$
	$
	$
	$
	$
	$
	$
	$
	$
Total of Other Expenses	$

(This Total must be same as the "Other Expenses" category to the left)

*****Please submit a separate form for any Capital Funds request.**

Other Anticipated Detail Sources of Funding:

List all other sources of support for the program identified in your request

Sources:

Town of Abingdon, Virginia	$
	$
	$
	$
	$
	$
Total Anticipated Support	$