



## 2020 Intake WLCF COMMUNITY GRANTING PROGRAM

**Budget    Due: December 3rd, 2020**

Proponent Name:

**This budget template is to be submitted along with the Application Form.**

1. Generally grants will be between \$500 and \$5000
2. An extraordinary grant of up to \$10,000 may be provided in rare situations
3. Grants will typically be for 1 year, but may be granted for up to 3 years, if there are distinct deliverables for each year

### Revenue Overview

*Please list any additional funders that are contributing to the project. Add rows as needed.*

Funder (name)	Confirmed Y/N	Amount	Comments, if any
<b>Sub-Total of Other Funding Sources</b>		\$ -	
<b>Request to WLCF (as is itemized below)</b>			
<b>Total Revenue / Cost of the project</b>		\$ -	
WLCF% of total			

Expense Overview	Amount from other funders	Expenses proposed from WLCF	Total Costs	Comments
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*For each row below, please identify the amount to be paid from the WLCF grant and the amount coming from other funding sources. Add more rows if needed. Contact the Granting Coordinator for assistance if needed.*

<b>Human Resources</b>				
			\$ -	
			\$ -	
			\$ -	
<b>Travel</b>				
			\$ -	
			\$ -	
<b>Materials and Supplies</b>				
			\$ -	
			\$ -	
<b>Other</b>				
			\$ -	
			\$ -	
			\$ -	
<b>Administration Fee (Max 15% of project)</b>				
			\$ -	
<b>Total</b>	\$ -	\$ -	\$ -	
<b>Balance (must be zero)</b>			\$ -	

**\*\* Cell C-11 Should equal cell C-34 \*\* Please account for entire WLCF grant request \*\***