

# **STANISLAUS COUNTY NON-PROFIT SUPPORT PROGRAM BUDGET WORKSHEET**

Financials for the current fiscal year and the 2019 fiscal year. A fiscal year is the 12-month period used by an organization for budgeting and accounting purposes. Often it begins in January or July. If you have just ended your year, please include preliminary figures. Enter figures in the table below as applicable.

- If you are applying for organizational support, please complete section I only.
- If you are applying on behalf of a specific program within your organization, please complete both sections I and II.
- If your organization is an affiliate of a regional or national organization, or your services extend beyond Stanislaus County, please provide ONLY the budget for services in Stanislaus County.

## I. Organizational Support Budget

|                                      |    |
|--------------------------------------|----|
| <b>Total Grant Amount Requested:</b> | \$ |
|--------------------------------------|----|

| <b><u>Organization Financials</u></b> | <b>Budget for Current Fiscal Year</b> | <b>Actuals To-Date for Current Fiscal Year</b> | <b>Actuals 2019 Fiscal Year</b> |
|---------------------------------------|---------------------------------------|--|---------------------------------|
| <b>Organization Revenues</b>          | \$                                    | \$   | \$                              |
| <b>Organization Expenditures</b>      | \$                                    | \$   | \$                              |
| <b>Operating Surplus/Deficit</b>      | \$                                    | \$   | \$                              |

1. What is the time period for your fiscal year? (Example: 7/1/2018-6/30/2019):

## **Breakdown of organization revenue for last completed fiscal year:**

| <b>SOURCE</b>   | <b>AMOUNT (In Dollars)</b> |
|---|----------------------------|
| Government/public support (contributions & grants):   | \$                         |
| Memberships:  | \$                         |
| Earned income (ticket sales, fees for service, etc.): | \$                         |
| Investment earnings:                                  | \$                         |
| Individual contributions:                             | \$                         |
| Foundation support:                                   | \$                         |
| Corporate/business contributions & sponsorships:      | \$                         |
| Special events:                                       | \$                         |
| Endowment earnings:                                   | \$                         |
| Other:  | \$                         |

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2. If you listed a figure in "Other," please provide a description of this revenue:
3. Organization's unrestricted cash reserves as of July 31, 2020:
4. If the organization has an endowment, please list the amount of your endowment and any plans to draw down from the earnings to mitigate financial losses in 2020:
5. List any other sources and amounts of COVID-19 relief funds from government entities received to date:

| GOVERNMENT SOURCE | AMOUNT (In Dollars) |
|-------------------|---------------------|
|                   | \$                  |
|                   | \$                  |
|                   | \$                  |
|                   | \$                  |
| <b>Total</b>      | \$                  |

**II. FOR ORGANIZATIONS APPLYING FOR FUNDING FOR SPECIFIC PROGRAMS:**

If your organization provides a youth, arts, or cultural service that is not central to the organization's mission or focus (for example, you offer a youth program as part of a larger or broader range of services), provide a project budget for this program:

|                                      |    |
|--------------------------------------|----|
| <b>Total Grant Amount Requested:</b> | \$ |
|--------------------------------------|----|

| <u>Program Financials</u>      | Budget for Current Fiscal Year | Actuals To-Date for Current Fiscal Year | Total Actuals 2019 Fiscal Year |
|--------------------------------|--------------------------------|---|--------------------------------|
| <b>Total Program Budget</b>    | \$                             | \$                                      | \$                             |
| <b>Program Revenues</b>        | \$                             | \$                                      | \$                             |
| <b>Program Expenditures</b>    | \$                             | \$                                      | \$                             |
| <b>Program Surplus/Deficit</b> | \$                             | \$                                      | \$                             |

6. If your program budget requires additional explanation, please offer it here: