



Project Expenditures Form

My Organization Name:

PROJECT EXPENDITURES		Cost	Amount from BCICF
Items	Description		
Wages/Benefits			N/A
Administration (15%)			N/A
Professional Fees, Honoraria			N/A
Rent/Utilities/Telephone			
Equipment/Supplies (3 quotes)			
Printing/Photography			
Travel			
Publicity/Promotion/Distribution			
Other (specify)			
TOTAL*:		*	

*Total Revenue and Expenditure must match

PROJECT REVENUE Sources of Revenue	Assured	Potential	Total
Your Organization's Contribution			
<input type="checkbox"/> Cash			
<input type="checkbox"/> In-Kind Gifts			
<input type="checkbox"/> Volunteer Services			
<input type="checkbox"/> Other			
Foundation			
<input type="checkbox"/> Ex: Cash – No Name Foundation	0.00	0.00	0.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Government (Specify)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Other (Specify)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL:			*