

ORGANIZATIONAL FINANCIAL SUMMARY FORM

Attachment E

Please use this form for your entire organization's fiscal year budget. Please note that in addition to this form other financial information is required as outlined in the grant guidelines.

Fiscal Year (FY) Ends On (month/day)____/____	Two Years Prior ACTUAL FY _____	Prior Year ACTUAL FY _____	Current Fiscal Year Budget FY _____
REVENUE			
Grants and Contracts			
Government grants & contracts			
Foundations/Corporations			
United Way & other federated campaigns			
DuPage Community Foundation			
Other Fundraising			
Individual contributions			
Fundraising events & products			
Membership/Dues			
Earned Income			
Fees			
Publications and Products			
Admissions and Tickets			
Draw from Endowments/Reserves			
In-Kind Support			
Other (specify)			
Total Income			
EXPENSES			
Item			
Salaries & wages			
Insurance, benefits & other related taxes			
Consultants & professional fees			
Travel			
Equipment			
Supplies			
Printing & copying			
Telephone & fax			
Postage & shipping			
Rent & utilities			
In-kind expenses			
Depreciation			
Other (specify)			
Total Expense			
Difference (Income less Expense)			