**Community Benefits Impact Opportunity Grant Program**

**2020 Program/Project Budget Template**

Please provide a line item expense budget that includes the total cost of the program or project over the 12-month period for which grant funds are requested. For each item, include the portion of funds requested from Southcoast. You may use the below example for reference.

|  |  |  |
| --- | --- | --- |
| **Expense Item** | **Total Cost** | **Portion Requested of Southcoast** |
| Staff time | $10,000 | $5,000 |
| Training materials | $1,000 | $0 |
| Evaluation expenses | $500 | $500 |
| **TOTAL** | **$11,500** | **$5,500** |

|  |  |  |
| --- | --- | --- |
| **Expense Item** | **Total Cost** | **Portion Requested of Southcoast** |
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|  |  |  |
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| **TOTAL** |  |  |