

Application Form: Operating Budget, page 1 of 2

- 1) Fill out the budget form **based on your organization's fiscal year**.
- 2) Itemize (explain in greater detail) each budget item for next year's projected expenses on a separate page.
- 3) Explain any changes in your budget of more than 20% from the previous year on a separate page.
- 4) Attach the required financial audit for your organization's most recently completed fiscal year.

Expenses		Actual expenses for your most recently completed fiscal year	Current Fiscal Year's Expenses	Next Fiscal Year's Projected Expenses
1. Personnel (staff):	Administrative			
	Artistic			
	Technical/production			
2. Outside fees and services (contractors):	Artistic			
	Other			
3. Space rental:				
4. Travel:				
5. Marketing:	Printing			
	Other			
6. Remaining operating expenses:	Postage			
	Rentals			
	Supplies			
	Insurance			
	Other			
	Other			
7. Subtotal:				
8. Capital expenditures:	Building			
	Acquisitions			
9. Total cash expenses:				
10. Deficit (if any):				
11. Accumulated deficit (if any):*				

*If your organization has an accumulated deficit, please submit

- A financial audit for the **past two fiscal years** (see Audit Requirements in guidelines);
- A year-to-date financial statement for the current fiscal year of operation; and
- A specific plan for reducing or eliminating the deficit.

Application Form: Operating Budget, page 2 of 2

- 1) Fill out the budget form **based on your organization's fiscal year**.
- 2) Itemize (explain in greater detail) each item from next year's projected income, including in-kind contributions, on a separate page.

Income	Actual income for most recently completed fiscal year	Current Fiscal Year's Income	Next Fiscal Year's Projected Income
1. Revenue: Admissions			
Contracted services			
Other Revenue			
2. Private-sector support: Corporate contributions			
Foundation grants			
Other private contributions			
3. Government support: Federal			
Regional			
County			
Municipal			
4. Applicant cash:			
5. Subtotal:			
6. Operating grants from MAC:			
7. Total cash income*:			

* Total cash income should be equal to or greater than total cash expenses.

In-Kind Contributions**: please estimate the dollar value of contributed goods and services.	Most recently completed fiscal year	Current Fiscal Year	Next Fiscal Year
TOTAL IN-KIND DONATIONS			

**Defined as the cash value of goods and services contributed by sources other than the applicant organization (for example, work done by volunteers or donated office space). Grantees must be able to produce records of in-kind contributions, if requested.

Budget Itemization: Create an itemization for both your expenses and income on a separate page from the budget. Do not list Cash Match and MAC Grant numbers separately. The itemization should reflect the totals of each line item. Be sure to detail and explain each item that is not already clearly defined (example: Food and supplies do not need further explanation. Anything listed as other and the other categories that have more than one aspect will need a brief detailed explanation). You can create your own itemization page if you require additional space, but please follow the format listed below which follows the budget formatting.

Cash Expenses

	Amounts
1. Personnel (staff):	
• Administrative	
• _____	_____
• _____	_____
• _____	_____
• Artistic	
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• Technical/Production	
• _____	_____
• _____	_____
• _____	_____
2. Outside Fees to Contractors:	
• Artistic	
• _____	_____
• _____	_____
• _____	_____
• Other	
• _____	_____
• _____	_____
• _____	_____
3. Space or Equipment Rental:	
• _____	_____
• _____	_____
• _____	_____
4. Travel (Transportation, Lodging, Food):	
• _____	_____
• _____	_____
• _____	_____
5. Marketing:	
• _____	_____
• _____	_____
• _____	_____
6. Remaining Expenses:	
• _____	_____
• _____	_____
• _____	_____
Total Expenses:	_____

Comments: for any Expense item above that needs additional space for the explanation, please identify and explain here:

Cash Income

Amounts

1. Revenue:

- _____
- _____
- _____

2. Private-Sector Support:

a. Corporate Contributions

- _____
- _____
- _____

b. Foundation Grants

- _____
- _____
- _____

c. Other Private Contributions

- _____
- _____
- _____

3. Government Support:

a. Federal

- _____
- _____
- _____

b. State/Regional (Other than MAC Grants)

- _____
- _____
- _____

c. County

- _____
- _____
- _____

d. Municipal

- _____

4. Applicant Cash:

5. Funds Request from MAC:

Total Income:

Comments: for any Income item above that needs additional space for the explanation, please identify and explain here:

In-Kind

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Total In-Kind:
