

# OPERATING GRANT BUDGET REPORT

Your organization's fiscal year begins (month/day): \_\_\_\_\_ and ends (month/day): \_\_\_\_\_

Please itemize each line item on a separate page.

16. Cash Expenses		Cash Match	MAC Grant	Total
1. Personnel (staff):	Administrative			
	Artistic			
	Technical/production			
2. Outside fees (contractors):	Artistic			
	Other			
3. Space or equipment rental:				
4. Travel:	Transportation			
	Food			
	Lodging			
5. Marketing:	Printing			
	Other			
6. Remaining expenses:	Postage			
	Supplies			
	Insurance			
	Other			
	Other			
7. Total cash expenses	(must not exceed total cash income)			

17. Cash Income		Cash	In-Kind**
1. Revenue:	Admissions		
	Earned Income		
	Other revenue		
2. Private-sector support:	Corporate contributions		
	Foundation grants		
	Other private contributions		
3. Government support:	Federal		
	State/regional (other than MAC grants)		
	County		
	Municipal		
4. Grantee cash:			
5. Portion of this grant already received:			
6. Remainder of this grant due:			
7. Total	(must equal or exceed total cash expenses)		

\*\*Defined as the cash value of goods and services contributed by sources other than the grantee organization, such as work done by volunteers or donated office space. You must be able to produce records of in-kind contributions.



**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:**

\_\_\_\_\_