

**Statewide Community Regrants (SCR)  
Budget Form**

| EXPENSES                              |                          | notes |
|---------------------------------------|--------------------------|-------|
| Personnel                             | \$                       |       |
| • Administrative                      | \$                       |       |
| • Technical                           | \$                       |       |
| • Artistic                            | \$                       |       |
| Non-Personnel                         | \$                       |       |
| • Space Rental                        | \$                       |       |
| • Travel                              | \$                       |       |
| • Advertising/Promotion               | \$                       |       |
| Remaining Operating Expenses          | \$                       |       |
| • Supplies/Materials                  | \$                       |       |
| • Equipment Rental                    | \$                       |       |
| Total Expenses                        | \$                       |       |
| <b>INCOME</b>                         |                          |       |
| Earned                                | \$                       |       |
| • Admissions/Tuition or Workshop Fees | \$                       |       |
| • Fundraising                         | \$                       |       |
| • Concessions/Sales                   | \$                       |       |
| Unearned                              | \$                       |       |
| • Corporate Sponsorship               | \$                       |       |
| • Other Grants                        | \$                       |       |
| • Individual/Member Contributions     | \$                       |       |
| • Government                          | \$                       |       |
| Total Income                          | \$                       |       |
| <b>IN-KIND CONTRIBUTIONS **</b>       | <b>List Market Value</b> |       |
|                                       | \$                       |       |

|                                                                         |     |  |
|-------------------------------------------------------------------------|-----|--|
|                                                                         | \$  |  |
|                                                                         | \$  |  |
|                                                                         | \$  |  |
| Total In-Kind Contributions                                             | \$  |  |
| <b>SUMMARY</b>                                                          |     |  |
| Total Expenses                                                          | \$  |  |
| Minus Total Income**                                                    | -\$ |  |
| <b>Grant Reques (Max Request<br/>CA &amp; AE \$5,000 and IA \$2500)</b> | \$  |  |

**\*\* Do NOT include In-Kind Contributions in your Calculations.\*\***