

***take pART* Project Budget Form**

***\*Applicants who have not implemented proposed project***

***in previous years need NOT fill out gray “Previous” column***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **PROJECT REVENUES (Do not include In-Kind)** | **\*Previous** | **PROPOSED** |
|  | **Earned revenues (Most recently completed project actuals: FY** | **project)** | **(Projected)** |
| 1 | Tickets/Admissions   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Average Ticket Prices (please state price or price range below): | x | x | | Adult/Reg:   Student/Youth:  VIP/other: | x | x | |  |  | | $ | $ |
| 2 | Fees for Contracted Services | $ | $ |
| 3 | Tuition/Workshops related to project | $ | $ |
| 4 | Product/Concession sales | $ | $ |
| 5 | Fundraising events (NET INCOME) | $ | $ |
| 6 | Other Earned revenues | $ | $ |
|  | Sub-Total Earned | **$ 0** | **$ 1** |
|  | **Contributed Revenues** |  |  |
| 7 | Government - Federal, State, County, Local (NOT including City of San Jose) | $ | $ |
| 8 | Foundations | $ | $ |
| 9 | Businesses/Corporations | $ | $ |
| 10 | Individuals | $ | $ |
| 11 | ***------------------------------------------------------------------------------------------------------*** | --------- | -------- |
| 12 | ***City of San Jose Take pART Grant*** | $ | $ |
| 13 | Other Contributed revenues | **$** | **$** |
|  | Sub-Total Contributed | $ 0 | $ 0 |
|  | **TOTAL PROJECT REVENUES** | $ 0 | $ 1 |
|  | **Double click total to tabulate** |  |  |
|  | **PROJECT EXPENSES (Do not include In-Kind)** | **\*Previous** | **PROPOSED** |
|  | **Artistic Expenses** |  |  |
| 14 | Artistic Personnel | $ | $ |
| 15 | Technical & Production Personnel | $ | $ |
| 16 | Outside Services related to project | $ | $ |
| 17 | Equipment and Travel expenses related to project | $ | $ |
| 18 | Venue Rental related to project | $ | $ |
|  | Sub-Total Artistic Expenses | $ 0 | $ 0 |
|  |  |  |  |
|  | **Administrative Expenses** |  |  |
| 19 | Administrative Salaries | $ | $ |
| 20 | Administrative Overhead | $ | $ |
| 21 | Marketing/Promotion | $ | $ |
| 22 | Materials and Supplies | $ | $ |
| 23 | Project Insurance | $ | $ |
| 24 | Other Project Expenses | $ | $ |
| 25 | Contingency | $ | $ |
|  | Sub-Total Administrative Expenses | $ 0 | $ 0 |
|  | **TOTAL PROJECT EXPENSES** | $ 0 | $ 0 |
|  |  |  |  |
|  | **IN-KIND SUPPORT - list below** |  |  |
|  | **In-Kind Item or Service** - Include only in-kind that can be documented with an invoice for tax purposes (goods, rent, professional services). Do not include general volunteer or staff time. | **\*Previous value** | **PROPOSED Projected value** |
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**ADDITIONAL BUDGET NOTES:**

***Use this section to provide detail for any line item in your project budget. Write your comment next to the corresponding number of the line item you wish to explain.***

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**Provide a snapshot of your ORGANIZATION BUDGET:**

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| --- | --- | --- |
|  | **Total Revenue** | **Total Expenses** |
| **Current Fiscal Year** |  |  |
| **Next Fiscal Year** |  |  |

***Use the section below to explain any significant increases or decreases in your organization budget.***

***Item# Explanation***