OMF Ministry Grant PROJECT BUDGET & SIGNATURE APPROVAL

PLEASE DIGITALLY COMPLETE THE BUDGET PORTION—THEN PRINT, SIGN, SCAN, AND UPLOAD INTO THE ONLINE FORM

Project Name	
Project Timeframe	

Income	Amount
Cash in Hand	\$
Pledged Cash	\$
Fundraising Events (itemize below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Other Resources (including this grant)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Income	\$

Expenses (be specific)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$

BALANCE YOUR BUDGET. INCOME MUST EQUAL EXPENSES.

If any additional information is required, we will contact you directly.

You must obtain the following <u>physical (not digital)</u> signatures for approval of your budget and program before submitting this application.			
Grant Preparer	Date		
Leadership Approval	 Date		
Leadership Title/Role			