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| Clackamas County TourismHeritage Small Capital Improvement Grant Budget – FY 2016/17 |
| Organization Name: Expenses |
| Describe **all expenses** related to the cost of your project. Round up to the nearest whole dollar. |
| Description of Expense (e.g. supplies, materials, professional fees, printing, postage, space rental, marketing, etc.) | Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $  |
|  | $  |
| **Total Project Expenses (A)** | $ |
| Project Income / In-Kind Contributions |
| Identify **all sources of income** **and in-kind** contributions (anticipated and confirmed). Indicate ***"A" for Anticipated*** *and* ***"C" for Confirmed***. ***In-Kind Contributions (donated non-cash support) may include use of space, staff time, volunteer time, equipment usage, discounts, matching non-cash support, etc.*** |
| Description of Income or In-Kind Contributions (e.g. ticket sales, supplies, fundraisers, advertising, grants, volunteers, etc.) | **Cash**  | **In-Kind Contributions****(estimated or actual value)** | **Total** |
| Amount | A or C | Amount | A or C |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
|  | $  |  | $  |  | $  |
| **Total Each Column** | $  |  | $  | **Total Income (B)** | $  |
| ***Please attach your Federal Tax ID W-9 form*** |
| **GRANT AMOUNT REQUESTED Project Expenses (A) minus Income/Contributions (B)**  |  |

Note: The amount you are requesting is the TOTAL cost of your project minus the TOTAL anticipated income and in-kind. Carefully check your math and total each row and column. Grant requests must be at least $500.00 and cannot exceed $20,000.00.