

**New Jersey Arts and Culture Renewal Fund Budget Form**

My fiscal year begins on:

Organization Name:

<b>Finance Chart: Income</b>	<b>Last Completed Fiscal Year: (fill in Fiscal year)</b>	<b>Current Approved BUDGET Year: (fill in Fiscal Year)</b>	<b>Budget Income Narrative:</b> Use this column to explain income needs so that the panelists understand how the budget relates to the prescribed activities. You can also use to explain significant variances.
<b>Earned Income:</b>			
Admissions			
Contracted Service Revenue			
Investment Income			
Other			
<b>Subtotal Earned Income:</b>			
<b>Contributed Income:</b>			
Individuals			*Please list up to the top 5 contributors for each category
Corporations/Business*			
Foundations*			
Government (include County, State & Federal grants)*			
<b>Subtotal Contributed Income</b>			
<b>Cash Income:</b>			
Applicant Cash (if applicable)			
<b>Subtotal Cash Income:</b>			
<b>In-Kind Income:</b>			
In-Kind			Please detail in-kind sources in notes:
<b>Subtotal In-Kind Income:</b>			
<b>TOTAL INCOME:</b>			

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My fiscal year begins on:

Organization Name:

Finance Chart: Expenses	Last Completed Fiscal Year: (fill in Fiscal Year)	Current Approved BUDGET Year: (fill in Fiscal Year)	Funding Request: Please itemize how you would spend the funds being requested.	Budget Expense Narrative: Use this column to explain expense needs so that the panelists understand how the budget relates to the prescribed activities. You can also use to explain significant variances.
<i>*Please use these categories as they best fit your organizational structure</i>				
<b>Personnel:</b>				
Administrative				
Program/Artistic				
Technical/Production				
Other				
Fringe Benefits				
<b>Subtotal Personnel:</b>				
<b>Outside Fees &amp; Services</b>				
Janitorial & other Facility Services				
Professional Services/Consultant/Contractor				
Technical/Production				
Other				
<b>Subtotal Outside Fees &amp; Services</b>				
<b>Capital Expenditures</b>				
Equipment				
Maintenance & Repairs				
Other				
<b>Subtotal Capital Expenditures:</b>				
<b>Other Operating Expenses</b>				
Space Rental & Mortgage Payments				
Marketing				
Travel & Transportation				
Phone & Postage				
Rentals				
Supplies & Materials				
Insurance				
Technical Production (non-personnel)				
Repayment of Loans/Lines of Credit				
Other				
<b>Subtotal of Other Operating Expenditures:</b>				
<b>In-Kind Expenses:</b>				<i>Please detail in-kind sources in notes:</i>
In-Kind				
<b>Subtotal In-Kind Income:</b>				
<b>TOTAL EXPENSES:</b>				