Program Budget Form: Income

County of Hawai‘i • Nonprofit Grants-in-Aid – Fiscal Year 2021-2022

Organization Name:

Program Name:

CASH	**Anticipated**	**Committed**	**Total**
County Nonprofit Grants-in-aid			
Applicant organizational budget:			
Individual contributions			
Membership fees			
Earned income			
Current cash assets			
Other funding sources (list below):			
Total Cash Income			
IN-KIND CONTRIBUTION	**Anticipated**	**Committed**	**Total**
Total In-Kind Contributions			
TOTAL PROGRAM INCOME			