Program Budget Form: Income

County of Hawai‘i • Nonprofit Grant-in-Aid (Waiwai Grant)

Organization Name:

Program Name:

CASH	**Anticipated**	**Committed**	**Total**
County Nonprofit Grant-in-Aid (Waiwai Grant)			
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			

Program Budget Form: Expenses

County of Hawai‘i • Nonprofit Grant-in-Aid (Waiwai Grant)

Organization Name:

Program Name:

Expense Description	Nonprofit (Waiwai) Grant	Other Cash Source	In-Kind Contribution	TOTAL
Salary Wages				
Professional Fees				
Operations				
Supplies				
Equipment				
SUBTOTAL				
TOTAL PROGRAM BUDGET				