**Name:**

**Email address:**

**Project Budget**

**Please provide a budget FOR THIS PROJECT ONLY (not the entire organization).**

|  |  |
| --- | --- |
|  | **Source of funds for this project** |
| **Expense categories** | **Requested from Iowa Women’s Foundation** | **Provided from Other Sources** | **Total Project Budget** |
| Marketing expenses |  |  | $ 0.00 |
| Office supplies |  |  | $ 0.00 |
| Equipment expenses |  |  | $ 0.00 |
| Phone/Internet expenses |  |  | $ 0.00 |
| Food/Catering expenses |  |  | $ 0.00 |
| Travel expenses |  |  | $ 0.00 |
| Contract wage expenses |  |  | $ 0.00 |
| Employee expenses |  |  | $ 0.00 |
| Other costs |  |  | $ 0.00 |
| **TOTAL EXPENSES** | $ 0.00 | $ 0.00 | $ 0.00 |
|  |  |  |  |
| **Funding sources** | **Requested from Iowa Women’s Foundation** | **Provided from Other Sources** | **Total Project Budget** |
| **Amount requested from the Iowa Women’s Foundation** |  |  |  |
| Amount from other sources |  |  |  |
| Total Project Budget |  |  |  |
| **TOTAL REVENUES**(should match TOTAL EXPENSES, above) | $ 0.00 | $ 0.00 | $ 0.00 |

**Make sure all columns add correctly.**