## **Project Budget Form**

Name of Organization:	SLEW Inc.	(Support Lendin	g for Er	motional Well-be	ing)
Project Budget Period	From:	1/1/2020	To:	12/31/2020	
REVENUE					
Contributed Income					
Grants and Contracts:			7		
Local Government					
State Government					
Federal Government					
Foundations:	_				
		246,000			
Others					
Contributions:	_		_		
Corporations		15,000			
Individuals		8,000			
United Way					
Other Contibuted Income (Specify):					
Carry-over from 2019		64,300			
Earned Income					
Program Fees					
Membership Dues					
Event Income		120,000			
Investment Income					
Endowment Income					
In-Kind Materials/Services *		152,000			
Other Revenue (Specify):			_		
other Revenue (Specify).	Γ		7		
	-				
	-		1		
	-		1		
	-  -				

**TOTAL REVENUE** 

Include a separate description indicating the total amount for each of the relevant revenue categories, in the above order. Skip categories for which there is no revenue. Indicate which sources of revenues are committed, pending, or anticipated. For sources of revenue not committed, indicate whether the request has been submitted and the expected decision date.

605,300

<sup>\*</sup>In-kind revenue must be offset by in-kind expenses on the Expenses Page of the Budget.

## **EXPENSES**

Salaries Payroll taxes and Benefits Total Employee Expenses	264,000 20,196 284,196 3,000 5,000
Total Employee Expenses	3,000 5,000
	3,000 5,000
Conferences and Mastings	5,000
Conformaco and Mostings	5,000
Conferences and Meetings	
Consultants & Professional Fees	6,000
	6,000
Depreciation	
Dues and Subscriptions	200
Equipment Expense	2,000
Fundraising	15,000
Insurance	4,000
Marketing	4,000
Miscellaneous	1,000
Office Expense and Supplies	4,000
Postage and Shipping	1,000
Printing and Publications	1,500
Rent	20,600
Repairs and Maintenance	7,000
Supplies	15,000
Telephone	6,000
Travel	1,000
Utilities	6,000
Other (Specify):*	
Transportation/Vehicle Expense	27,000
Client Emergency Assistance	3,000
Contributions	3,000
Line of Credit/Interest	6,000
Website/Donor Database	1,000
In-Kind Expense **	152,000
TOTAL EXPENSES	578,496
VARIANCE	26,804

<sup>\*</sup> If more space is needed, attach a list of "other expenses" and enter the total to this schedule.

<sup>\*\*</sup> In-kind revenue must be offset by in-kind expenses on the Expenses Page of the Budget.