



PROJECTED PROGRAM/PROJECT BUDGET

Name of Program/Project:

Name of Organization:

Dates Covered by Budget:

	Amount requested from APS Foundation	Amount supported by additional grants	Amount supported by your organization	TOTAL PROPOSED BUDGET
A. Salaries and Benefits				
B. Consultants				
C. Curriculum Development				
D. Supplies				
E. Transportation				
F. Equipment Purchase/ Rental & Maintenance				
G. Printing & Publication Costs				
H. Misc. (list below)				
TOTAL PROGRAM COSTS:				