**YOU ARE REQUIRED TO USE THIS TEMPLATE WHEN SUBMITTING YOUR BUDGET**

**Program Support**

Identify any other source of income for this program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount Received** | **Amount Requested**  | **Pending** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**Program Expenditures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Total Program Budget** | **Amount Requested** | **Other Source** |
| **Staffing/Salaries** |  |  |  |
|   |   |  Not Funded by Mercy  |   |
|   |   |  Not Funded by Mercy  |   |
| **Office Supplies** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Program Expense (Specify)** |  |  |  |
| 1. |   |   |   |
| 2. |   |   |   |
| 3. |   |   |   |
| 4. |  |  |  |
| 5. |  |  |  |
| **Equipment** |  |  |  |
|  |  |  |  |
|   |   |   |   |
| **Other (Specify)** |  |  |  |
| 1. |   |   |   |
| 2. |   |   |   |
| 3. |   |   |   |
| **TOTAL** |  |  |  |