 

**2024 Serve Indiana Day of Service**

**Mini-Grant Request for Projects**

**Budget Worksheet Application**

This budget worksheet is to be completed with as much detail as possible. Please be sure to indicate the price per unit for all items, regardless of whether the item is requested to be funded through the grant.

Please complete the following worksheet by listing any and all expected. Please be specific in listing the item required and its source. When listing the price for the item, please indicate the total cost for the quantity requested, not the cost per item.

Organization Name: Contact Person:

Contact Email: Contact Phone:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Description of use/Source** | **Quantity** | **Price****Per Item** | **Total****Cost** | **Grant Funds Requested** | **Matching or****In-Kind Funds** | **Source of Matching or****In-Kind Funds** |
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| **Total Budgeted:** | $ |
| **Total Requested:**  | $ |