

# NEW HAMPSHIRE CHILDREN'S TRUST FUND

10 Ferry Street, Suite 315, Concord, NH 03301  
603-224-1279 fax 603-223-9847 email info@nhctf.org

## 2009 Program Budget Worksheet – Year One

The Program Budget Worksheet may be typed or filled out by hand (please print clearly).  
Please round off to the nearest dollar.

Name of applicant organization \_\_\_\_\_

Project Title: \_\_\_\_\_

	Annual Salary + Benefits	% of Time on Project	NHCTF Funds	Committed Matching Funds <i>(minimum 25%)</i>	In-Kind Value <i>(including volunteers)</i>	Additional Funds	Total
Job Title:	\$	%	\$	\$	\$	\$	\$
Job Title:	\$	%	\$	\$	\$	\$	\$
Job Title:	\$	%	\$	\$	\$	\$	\$
Contracted Services	n/a	n/a	\$	\$	\$	\$	\$
Travel	n/a	n/a	\$	\$	\$	\$	\$
Facility (incl. Utilities)	n/a	n/a	\$	\$	\$	\$	\$
Program Supplies—Consumable	n/a	n/a	\$	\$	\$	\$	\$
Program Supplies – Non-Consumable	n/a	n/a	\$	\$	\$	\$	\$
Equipment	n/a	n/a	\$	\$	\$	\$	\$
Overhead to Sponsoring Organization* (_____% of program)	n/a	n/a	\$	\$	\$	\$	\$
Other Costs: (be specific)	n/a	n/a	\$	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Attachments:** Applicants should attach separate page(s) to this form, explaining computations for line items summarized above. Also, sources of Committed Matching Funds, and sources of Additional Funds, must be identified. For each of these sources (or in-kind services) applicants must supply a contact name, telephone number, and, if available, e-mail address.

\*NOTE: Some sponsoring organizations waive their customary overhead – this can be included as Committed Matching Funds.