



at THE COMMUNITY FOUNDATION for MISSISSIPPI

## Grants Program 2025-2026 Budget Form

Complete the following line-item budget form showing all costs associated with the funds requested:

Costs by Line Item	Grant Funds Requested	Matching Funds, In-Kind Contributions	Total Costs (Grant funds + In-Kind)
Personnel			
Fringe Benefits			
VolunteerTime/Services			
Contractual Services			
Travel			
Materials and Supplies			
Marketing and Promotion			
Equipment Purchases			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Other (Specify)			
<b>Total Costs</b>			

NOTE: Total in second column must be at least 25% of total in first column for operating budgets of \$100,000 or more.

## Identification of Matching Funds

*NOTE: NO MATCHING FUNDS ARE REQUIRED FOR PLANNING GRANTS, RESEARCH GRANTS, OR ENTITIES WITH TOTAL GENERAL OPERATING BUDGETS BELOW \$100,000.*

Identify in the chart below all sources of matching funds if the total operating budget is \$100,000 or greater, including in-kind contributions, indicating whether in-kind contributions are secured (S) or pending (P):

Source of Matching In-Kind Funds, Contributions	Amount of Cash Contributions	In-Kind Contributions	Total Project Contributions	In-Kind Due Date

NOTE: Matching funds must be at least 25% of the total requested grant IF the total operating budget for the entity requesting a grant is \$100,000 or greater, and the matching funds must be committed or secured for a grant agreement to be executed.

## Other Revenues Supporting the Work

Identify in the chart below all sources of cash or other revenues provided directly by the applicant that will support the work, including general revenues, earned income and other grants:

Source of Revenues	Amount	Status