

Community Health Assistance Team, Inc.
Grant Proposal

Budget Worksheet

Program	Source	Total
Revenue	Primary Funding Source	\$ _____
	Foundations/Corporations	\$ _____
	Grants	\$ _____
	Donations	\$ _____
	Agencies	\$ _____
	Earned Income	\$ _____
	Other	\$ _____
	Total Revenue	\$ _____
Proposed Service Expenses	Consultants	\$ _____
	Conference/Meetings	\$ _____
	Printing/Publications	\$ _____
	Supplies	\$ _____
	Postage	\$ _____
	Travel	\$ _____
	Food	\$ _____
	In-Kind Support	\$ _____
	Other: _____	\$ _____
Total Expenses	\$ -----	