**APPENDIX B**

**PA CARE PARTNERSHIP and Youth MOVE PA**

**YOUTH GROUP/ORGANIZATION FUNDING OPPORTUNITY BUDGET TEMPLET**

## Budget Plan and Budget Breakdown - 10 points possible

**BUDGET** – Complete the Respite Budget Templet document (Appendix B) Your responses must identify and describe all program or project cost-sharing expenditures. (Note: Applications have county and agency deidentified during the review and scoring process.)

**Name of Organization:**

|  |
| --- |
|  |

**Name of Proposed Project:**

|  |
| --- |
|  |

**Please justify each line item for which you are requesting funds.**

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Explanation** |  |
| **Sponsorship** | **50 students for 8 weeks, @ $25.00 per student per week** | **$10,000.00** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Office Supplies** |  | **$** |
| **Other (Please Specify)** |  | **$** |
| **Other (Please Specify)** |  | **$** |
| **Line A** **Total Dollars Requested** |  | **$10,000.00** |
| **In-Kind Donations**  |  | **$** |
| **In-Kind Work** |  | **$** |
| **Line B.** **Total In-Kind** |  | **$** |
| **Total Line A + Line B** |  | **$10,000.00** |