

CROW WING POWER COMMUNITY TRUST

PO BOX 507

BRAINERD, MN 56401

218-829-2827 | 800-648-9401 | INFO@CWPOWER.COM

## GRANT APPLICATION PROJECT BUDGET

### Project Expenses

Expense Category	Budget
Salaries and wages .....	_____
Insurance, benefits, and other related taxes .....	_____
Consultants and professional fees .....	_____
Travel/Mileage .....	_____
Equipment .....	_____
Supplies .....	_____
Printing and copying .....	_____
Telephone, Technology, etc. ....	_____
Postage and delivery .....	_____
Rent and Utilities .....	_____
In-Kind expenses .....	_____
Other (specify) .....	_____
_____	_____
Event speakers, activities, catering, etc. ....	_____
Communication and outreach, web & social media .....	_____
_____	_____
<b>Total Expenses:</b> .....	_____

# Project Revenue:

## Revenue Category

## Revenue Budget

Your organizations financial contribution

---

Grants (secured or pending).....

---

Donations (secured or pending).....

---

Sponsorships .....

---

In-kind contributions.....

---

Other (please specify).....

---

---

---

---

**Total Revenue:** .....

---

**Additional Comments:** \_\_\_\_\_

---

---

---

---

---

---

---

