MemorialCare Community Benefit Grant Program FY27

Organization Name	
Project Title	

Instructions: Complete the table below with your Project Budget. Save the document to your device and upload it as a file in the Monday.com Community Benefit Grant Application into Question #8.

Budget

The amount covered through the project grant must total $12,500. Grant requests that exceed $12,500 will not be considered. List the project expenses in narrative form and the associated dollar amount that the grant request will pay for. Expenses may include project staff time, supplies, outreach and marketing, travel expenses, food, and other project-related items.

Project Expenses (Description)	Amount to be Supported by Grant
SAMPLE	***SAMPLE***
Office Supplies	*$ 500.00*
.2 FTE Client Coordinator	*$ 8,000.00*
Printing/Marketing	*$ 2,000.00*
Client Data software expense	*$ 2,000.00*
	$ 12,500.00
Intentionally left blank	*Intentionally left blank*
Intentionally left blank	*Intentionally left blank*
Project Expenses (Description)	**Amount to be Supported by Grant**
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
	$ 0.00
TOTAL (MUST EQUAL $12,500)	$ 0.00