

INSTRUCTIONS: Budget Form 1A

Complete one Budget Form 1A for **each program for which you have received and/or are requesting funding** from the Mental Health Board. This form is to be completed in the following manner:

1. Provide a name for the program. **Use this name consistently throughout the proposal** when you are making reference to it.
2. **Full-Time Equivalent Direct Service Staff:** Provide the number of full-time equivalent positions allocated to the program that provide direct services.
3. For continuing programs, complete columns 1, 2, 3 and 4.
4. For programs the agency plans to terminate in the Proposed fiscal year complete columns 1, 2 and 3 only.
5. For programs the agency plans to initiate in the Proposed fiscal year complete column 4 only, **AND** complete the New Program Narrative section in the narrative of the proposal.
6. **Revenues and Expenditures.** The line items on Budget Form 1A are organized in the same way as the line items on Budget Form 1. Include revenue amounts that are for specific support of each program and/or are generated directly by each program.

PROGRAM BUDGET INFORMATION

A separate form is to be completed for each program for which funds are provided or requested

AGENCY NAME: _____

PROGRAM SERVICE: _____

FULL-TIME EQUIVALENT DIRECT SERVICE STAFF: _____

		(1)	(2)	(3)	(4)
		PAST II	PAST I	CURRENT	PROPOSED
		July-07	July-08	July-09	July-10
		June-08	June-09	June-10	June-11
TOTAL REVENUES					
1035	Evanston Mental Health Board				
1045	Evanston United Way				
1046	CDBG: Public Service Funding				
1047	CDBG: Capital Projects				
1010	Purchase of Services and Grants: Public Sector				
1020	Grants: Foundations, Corporations, Businesses				
1300	Program Service Fees				
100	Contributions				
300	Special Events				
800	Other United Ways				
900	Support from Parent Organization				
1800	Other Revenues				
TOTAL PROGRAM REVENUES					

TOTAL EXPENDITURES

2100	Program Salaries				
2100	Administrative Salaries				
2200	Health & Retirement Benefits				
2300	Payroll Taxes				
2400	Professional Fees & Contract Services				
2500	General Operating				
2800	Occupancy				
3500	Specific Assistance to Individuals				
4300	Equipment & Other Fixed Assets				
4900	Other Expenditures				
TOTAL PROGRAM EXPENDITURES					
Difference between revenues and expenditures +/-					