Paradox Community Trust

Strengthening Communities Fund Grant

PROJECT BUDGET DETAIL

(Name of Project)

(Date Duration of Project)

	Paradox Community Trust Grant Request Amount ($)	Non-PCT Grant Support Amount ($)	Source of Support	Total Budget
PERSONNEL (List Position)				
	$ -	$ -		$ -
Subtotal: Personnel	$ -	$ -		$ -
OPERATION				
	$ -	$ -		$ -
Subtotal: Operations	$ -	$ -		$ -
CONTRACT SERVICES				
	$ -	$ -		$ -
Subtotal: Contract Services	$ -	$ -		$ -
TOTALS	$ -	$ -	$ -	$ -

DEFINITIONS:

Personnel: Please list position, rather than name, of staff included in project budget. Do not include contract employees.

Operations: Please list out expenses required to operate program/project, which could include travel, equipment, supplies, postage, rent, printing/copying,

Contract Services: Please list type of contract labor or professional fees.