



## Six Month and/or Final Progress Report Budget Form

Time period covered by this report: \_\_\_\_\_

The purpose of this Budget Form is to provide The Jewish Fund with complete information about your program's current expenses and revenues. Please use this form or format/headings (if you are using your own budget forms). **Please itemize and add categories where necessary (i.e., salaries).**

***I certify that the financial information reported below is accurate and complete.***

**CEO/Executive Director:** \_\_\_\_\_

***Signature required***

I. EXPENSES	Total budgeted for program	Total actual for program	Amount used from Jewish Fund grant
Salaries (Itemize by job title and number of FTE)			
Payroll Taxes			
Fringe Benefits			
Evaluation			
Professional Services (legal, accounting, etc.)			
Insurance			
Consultants/Contracted Services (other than evaluation)			
Travel			
Equipment and Supplies			
Printing and Copying			
Telephone and Fax			
Postage and Delivery			
Rent			
Indirect Costs – itemize if not included in above expenses			
Other (Specify)			
<b>TOTAL EXPENSES</b>			

II. REVENUE			
Grants/Contracts/Contributions:			
The Jewish Fund Request			
Government (indicate whether local, state, federal)			
Foundations (itemize)			
Corporations (itemize)			
Individuals (itemize)			
Other (Specify)			
Earned Income (Admissions, Fees, etc.)			
Membership Income			
Endowment Income			
In-Kind (indicate source)			
Volunteer Services (indicate number of hours)			
<b>TOTAL REVENUE AND RESOURCES</b>			