Program Budget Form

Agency: _____

Program: _____

		1. Last Year Actual / to /	2. Current Budget / to /	3. Proposed Budget / to /
	PROGRAM EXPENSES			
	Salaries			
	Employee Benefits			
	Payroll Taxes			
A	**TOTAL SALARY EXPENSES**			
	OTHER EXPENSES (List your Chart of Accounts)			
B	**TOTAL OTHER EXPENSES**			
	TOTAL EXPENSES = A+B			
	SUPPORT AND REVENUE (List all sources)			
C	**TOTAL SUPPORT & REVENUE**			

Request from United Way of Cape May County for this program is: **$** _____

Is this a new program? Yes __ No __