

WILLIAMSBURG HEALTH FOUNDATION
 PROGRAM BUDGET FORM

[In order to ensure accuracy, please refer to WHF's Glossary and Budget Samples.](#)

Name of the Organization:
 Program Title:
 Grant Start Date (MM/DD/YYYY) - Grant End Date (MM/DD/YYYY): _____ to _____

PROGRAM EXPENSES ¹

	WHF Request	Additional Donated Income	Earned Income	Sub Total: Cash	In-Kind Support	Total:
Personnel						
Salaries and Wages						
Employee Benefits ²						
Volunteer/Contributed Time						
Non-Personnel						
Contract Services/Professional Fees						
Equipment						
Supplies						
Office Space						
Telephone/Utilities						
Staff/Board Training & Development						
Travel/Related Expenses						
Indirect Costs ³ (please see policy below)						
Other						
Total Program Expenses						

¹ Excluded Expenses
 WHF grants may not be applied to certain types of expenses, including annual appeals and fundraising; endowments; real estate acquisition; restoration of funds cut by governments or other organizations; and lobbying.

² Employee Benefits
 Employee Benefit costs must be formalized and consistent within the applicant organization. If employee benefits exceed 35% of wages and salaries, a complete list of benefits and percentages for each employee included in the budget must be provided.

³ Indirect Costs
 A. For purposes of this budget, indirect costs are defined as: general or administrative costs that are necessary to deliver program services or activities but that are not readily identified with a single specific project or activity (i.e. utilities).
 B. Indirect costs may not exceed 15% of wages and salaries supported by this grant, excluding employee benefits.
 C. Government agencies requesting support through the responsive process are not eligible to receive support for indirect costs, for projects on which the agency is fulfilling its publicly-defined core mission. Such agencies may be eligible for indirect costs in cases where it is serving as a fiscal agent for another program or where the proposed project is outside its core mission but addresses an identified need.



**WILLIAMSBURG HEALTH FOUNDATION
PROGRAM EXPENSE NARRATIVE**

The program expense narrative supplements the information provided in the horizontal rows of the program budget form. The narrative is a tool to help staff fully understand the budgetary needs of the applicant and is an opportunity to provide descriptive information about program expenses funded by WHF. Together, the program budget form, program expense narrative, and program income form should provide a complete financial and qualitative description that supports the proposed program plan.

Expense Category	Itemized Expense(s) [Include ONLY WHF \$ Amount(s)]	Brief Description of Expense	How will WHF funds be used
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**WILLIAMSBURG HEALTH FOUNDATION
PROGRAM INCOME FORM**

Please identify all additional funding sources for the program. For each funding source indicate the type (Donated, Earned, or In-Kind), the amount of funding, and whether the funds are anticipated or committed. The information provided below should account for all of the additional sources of funds noted on the Program Budget Form.

Non-WHF Funding Sources for Program	Type of Support	Amount	Committed or Anticipated Funds
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