*Note: The Foundation does not fund general operating (i.e., indirect or overhead) costs, construction or renovation projects, or medical services.*

**Ribbon of Hope Program**

**Proposed Project Budget Form**

Project budgets should align to the activities described in your proposal; amounts are not required for every category in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Dollar Amount**  | **% of Ribbon of Hope Grant Funds** | **% of Overall Proposed Project Budget** | **Description** |
| **Personnel Costs** |  |  |  |  |
| **Professional Fees** |  |  |  |  |
| **Printing** |  |  |  |  |
| **Office Supplies** |  |  |  |  |
| **Phone/Fax** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Training** |  |  |  |  |
| **Evaluation** |  |  |  |  |
| **In-kind goods/services** |  |  |  |  |
| **Other (please list)** |  |  |  |  |
| **TOTAL** | **$50,000** | **100%** |  |  |

Budget Narrative Details: