2020 CIF 1 OND ING 1	REQUEST BUDGET		
Organization Name:			
Event/Program Name:			•
EVENT/PROJECT/PROGRAM REVENUE			
EVENT/PROJECT/PROGRAM REVENUE			
Grant Source			
(Please list all grants received or being pursued for this project)	Amount	Grant Confirmed? (Y or N)	1
Total Grants	\$0.00		
Event/Project Program Revenue			
(Please list all revenue expected to be generated by this project - ticket sales,			
memberships, etc. as applicable)	Amount	Revenue Confirmed? (Y or N)	1
Total Project/Program Revenue	\$0.00		•
Other Revenue Sources			
(Cash donations, in-kind services)	Amount	Revenue Source	Revenue Confirmed? (
Total Other Revenue	\$0.00		
ALL REVENUE	\$0.00		
ALL REVENOL	Ş0.00		
EVENT/PROJECT/PROGRAM EXPENSES			
Expenses		Will the CIP Grant be Applied to This	
Please list all expenses associated with this event/project/program	Amount	Expense? (Y/N)	
ALL EXPENSES	\$0.00		•
VARIANCE	\$0.00		
VAIRIANU	50.00		