

EMERGENCY SERVICES GRANT APPLICATION PROJECT BUDGET TEMPLATE



Siouxland
Community
Foundation

If you are a Fire Department or Emergency Services Provider please complete the following and upload directly to your Siouxland Community Foundation online grant application.

Name _____ Organization _____

Requesting grant funding from (name of affiliate or grant) _____

Is your entity municipally owned and operated?

Yes

No, please specify ownership of your entity _____

ANNUAL INCOME

Charges for Services \$ _____

Property Taxes/City Contributions \$ _____

County Townships \$ _____

Donations/Individual Contributions/Fundraising \$ _____

Other (please specify) \$ _____

Total Annual Income \$ _____

ANNUAL EXPENSES

Salaries \$ _____

Truck & Building Maintenance \$ _____

Gas & Oil \$ _____

Utilities/Telephone \$ _____

Insurance \$ _____

Supplies \$ _____

Misc. (please specify) \$ _____

\$ _____

\$ _____

Total Annual Expenses \$ _____