**EMERGENCY SERVICES**

**GRANT APPLICATION**

**PROJECT BUDGET TEMPLATE**

*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 $**