

Attachment A: Line Item Budget

Nevada County Community Resiliency Grants Program

Applicant Name: _____

Project Name: _____

Revenue

Community Resiliency Grants Program Request

Amount \$

Organization Funds \$

Other Partner Funds* \$

State Funds* \$

Other Federal Funds* \$

TOTAL REVENUE \$ -

Expense

Salaries & Benefits \$

Services & Supplies \$

Contracts for Service Delivery* \$

Equipment Purchases* \$

Other Expenses* \$

TOTAL EXPENSE \$ -

NET \$ -

** Please describe any of the following:*

Other Partners: _____

State Funding: _____

Federal Funding: _____

Contracts for Service Delivery _____

Equipment Purchases _____

Other Expenses _____

