

2004 East Boston Foundation Common Budget Fo

Agency/Organization Name:
Name of Funder: *East Boston Foundation*

Program Name:
Grant Category:

	Column 1	Column 2	Column 3	Column 4	Column 5
	REVENUE	Prior Fiscal Year	Current Fiscal Year	% Change	Organization's Proposed Budget
1	General Contributions			#VALUE!	
2	Special Events and Fundraising Activity			#VALUE!	
3	Dues, Tuition, or Registration, and Fees			#DIV/0!	
4	Other Program Revenue (<i>Source:</i>)			#DIV/0!	
5	Sales to the Public			#DIV/0!	
6	Investment Income			#DIV/0!	
7	Other Program Funding (<i>Source:</i>)			#DIV/0!	
8	The City of Boston (all sources)			#DIV/0!	
9	Commonwealth of Massachusetts			#DIV/0!	
10	United States Government			#DIV/0!	
11	Massachusetts Port Authority			#DIV/0!	
12	East Boston Foundation			#DIV/0!	
13	Other Grants (<i>Organization:</i>)			#DIV/0!	
14	Other Revenue (<i>Source:</i>)			#DIV/0!	
15	Other Revenue (<i>Source:</i>)			#DIV/0!	
16	Other Revenue (<i>Source:</i>)			#DIV/0!	
17	TOTAL SUPPORT AND REVENUE(1-16)	\$ -	\$ -	#DIV/0!	\$ -
18	TOTAL EXPENSES (From page 2)	\$ -	\$ -	#DIV/0!	\$ -
19	TOTAL DIFFERENCE (line17 - line18)	\$ -	\$ -		\$ -

What are the beginning and ending dates of your fiscal year? _____

How often are financial statements presented to your governing board? _____

Agency/Organization Name:
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Column 1	Column 2	Column 3	Column 4	Column 5
EXPENSES	Prior Fiscal Year	Current Fiscal Year	% Change	Organization's Proposed Program Budget
20 Salaries, Professional Fees, Consultants etc.			#DIV/0!	
21 Wage Taxes and Employee Benefits			#DIV/0!	
22 Supplies, Equipment, etc.			#DIV/0!	
23 Utilities			#DIV/0!	
24 Postage, Mailing etc.			#DIV/0!	
25 Rents and Leases			#DIV/0!	
26 Advertising and Marketing			#DIV/0!	
27 Insurance			#DIV/0!	
28 Grants and Donations			#DIV/0!	
29 Fees, Dues, and Memberships			#DIV/0!	
30 Other Expenses (Describe:)			#DIV/0!	
31 Other Expenses (Describe:)			#DIV/0!	
32 Other Expenses (Describe:)			#DIV/0!	
33 Other Expenses (Describe:)			#DIV/0!	
34 Other Expenses (Describe:)			#DIV/0!	
35 Other Expenses (Describe:)			#DIV/0!	
36 Other Expenses (Describe:)			#DIV/0!	
37 Other Expenses (Describe:)			#DIV/0!	
38 TOTAL EXPENSES (All Sources)	\$ -	\$ -	#DIV/0!	\$ -
39 Percent Salary & Benefits=(line20+line21)/line38	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
40 Management and General Support Costs (M&G)	%	%		%
41 RESTRICTED RESERVES				
42 UNRESTRICTED RESERVES				

If total expenses (line 18) exceed total revenue (line 17), explain how the agency will address deficit spending. Submit as attachment 1(a).

If total revenue (line 17) exceeds total expenses (line 18), explain where the surplus has been allocated

Explain any revenue or expense changes (column 4) greater than 10% between the prior and current (projected) fiscal year. Submit as budget att

If revenue line item #12 includes more than one source of East Boston Foundation funding, provide a breakout of this funding. Submit as budg

Explain any the purpose of any unrestricted reserves (line 42)

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Column 6 on page 2 only



