

**F. BUDGET FORM**

Organization name: <b>Operation Link Up</b>		
Organization's total annual budget: <b>\$ 356,565.00</b>		
Name of Program: <b>Mentoring Program for Teens</b>		
INCOME	Total Program Budget Income (Include the \$ amount requesting from the Sisters of Charity)	Also, include the \$ amount requesting from the Sisters of Charity in this column.
Sisters of Charity Foundation of Canton	<b>\$ 28,250.00</b>	<b>\$ 28,250.00</b>
Client fees <i>(if applicable)</i>		
Foundations <i>(if applicable)</i>	<b>10,000.00</b>	
Fundraising events and products <i>(if applicable)</i>	<b>1,000.00</b>	
Individual donations <i>(if applicable)</i>		
Government grants		
United Way		
Other <i>(please list)</i>		
<b>Sample</b>		
A. TOTAL	<b>\$ 39,250.00</b>	<b>\$ 28,250.00</b>
EXPENSES	Total Program Budget Expenses	Please list the portion of each line item that you are requesting from the Sisters of Charity Foundation in this column
1. Salaries and wages	<b>\$ 25,000.00</b>	<b>\$ 25,000.00</b>
2. Payroll taxes and benefits	<b>3,250.00</b>	<b>3,250.00</b>
3. Contract services/professional fees	<b>4,000.00</b>	
4. Supplies, printing, postage	<b>1,000.00</b>	
5. Rent/utilities	<b>3,000.00</b>	
6. Travel/related expenses	<b>1,000.00</b>	
7. Other <i>(please list)</i>		
<b>Recruitment advertising</b>	<b>1,000.00</b>	
<b>Incentives</b>	<b>1,000.00</b>	
B. TOTAL	<b>\$ 39,250.00</b>	<b>\$ 28,250.00</b>
NET (A. minus B.)	<b>\$ -</b>	<b>\$ -</b>