

CCF GRANT PROJECT BUDGET

Organization Name: _____

DESCRIPTION	FULL FUNDING REQUEST	*PARTIAL FUNDING REQUEST
Operating Costs (excluding personnel and overhead expenses)		
<i>Example</i>	\$ 5,000.00	\$ 2,500.00
Total Budget:	\$ -	\$ -

*If project can be partially funded, fill out the appropriate column and explain under item VIII.

Calaveras Community Foundation

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