Budget Form

CIF Project Proposal

Consumer Initiative Fund

This is a fillable form. Download and save a copy to your device, then fill in the fields electronically.
Use the sections below to outline your requested funding amount and explain how you plan to use it.

6 Month Project – max $4000
Fees for Service – max $2600

12 Month Project – max $8000
Fees for Service – max $5200

Please refer to the Application Instructions for full details: SpotlightOnMentalHealth.com/CIF/Projects/Proposals

Fees for Service				
Role	**Name**	**Rate ($/hr)**	**# of Hours**	**Amount**
			Total Fees for Service	

Expenses		
Category	**Description**	**Amount**
	Total Expenses	

Fees for Service + Expenses	**Subtotal**	
REQUIRED = 10% of Subtotal	**Unexpected Expenses**	
	Total Budget Requested	

In Kind Items – list any no-cost items or services that support the project (ex: supplies, equipment, food donations)