

## Project Title

### Eligible Project Revenue

List all sources of revenue. Check the box indicating whether the revenue source is confirmed or anticipated.

#### HCIP Grant Amount Requested

*Must match amount in your application form.*

### Eligible Project Expenses

List all project expenses. Please include additional budget notes detailing each of your revenues and expenses on the next page.

#### Description

#### \$ Amount

#### Description

#### Confirmed Anticipated \$ Amount

**TOTAL ELIGIBLE REVENUES**

**TOTAL ELIGIBLE EXPENSES**

**NOTE:** Your budget **MUST BALANCE** with the total revenues equaling the total expenses. If the budget is not balanced, your application may be deemed ineligible for funding.

## Budget Notes