JOSEPHINE COUNTY CULTURAL COALITION
LINE ITEM PROJECT BUDGET

Organization _____

Project _____

Project Start Date _____ Project End Date_____

Total Revenue for Organization (not just this project) _____

Employer Tax ID Number _____

Check one:

_____ 501(c)(3_ Non-profit Organization

_____ Unofficial Consortium of Artists

_____ Individual Artist

_____ Business

_____ School or Government Agency

_____ Other _____

Project Revenue

Amount Requested from JCCC _____

Amounts Requested from Other Sources (Please list)

Source	Amount	Committed?
_____ _____	_____	Y N
_____	_____	Y N
_____	_____	Y N

Matching Funds you are providing:

Cash Amounts _____

Ticket Sales or Participant Fees _____

Other: _____ _____

TOTAL _____

Project Expenses

Payments to Individuals _____

Supplies (consumable materials) _____

Equipment (please explain) _____

Contracted Services _____

Marketing _____

Facilities Costs _____

Other _____ _____

TOTAL _____