

# MUSTARD SEED GRANT PROJECT BUDGET FORM

Note: Complete this budget in its entirety.

**Project Name:** \_\_\_\_\_

**Lead Applicant Name:** \_\_\_\_\_

**1) Grant Requested:** \_\_\_\_\_

**2) Match Funds:** \_\_\_\_\_  
(Match must be 25% of total project cost.)

**3) Total Project Cost:** \$ \_\_\_\_\_ -  
(Dollar amount of #3 must equal amount in #1 plus amount in #2)

## Items/Expenses Funded By Grant Award

Additional lines may be added as needed

## Projected Cost

## Justification

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## Items/Expenses Funded By Matching Funds

Additional lines may be added as needed

## Projected Cost

## Justification

11	
12	
13	
14	
15	



**Total Expenses (sum of items above):**

Total Expenses must match Total Project Cost Above

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**Disclaimer and Signature**

*I certify that this budget reflects the actual costs of implementing the named project. I agree to provide expenditure receipts upon request by Urantia Foundation.*

Signature: 

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Date: 

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